

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90020 012 ***150.00

DOCUMENT # P01000099343
1. Entity Name
DIAMOND NAILS, INC.

DO NOT WRITE IN THIS SPACE

24013700

2. Principal Place of Business
8059 B W.OAKLAND PARK
Suite, Apt. #, etc.
B
City & State
SUNRISE, FL
Zip
33351 Country
USA

3. Mailing Address
BLVD
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1157409 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name
TUAN HOANG NGUYEN
Street Address (P.O. Box Number is Not Acceptable)
504 GARDENS DR # 104
City **POMPANO BEACH** FL Zip Code
33069

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **TUAN HOANG NGUYEN** DATE **01/30/2004**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconstituting.)

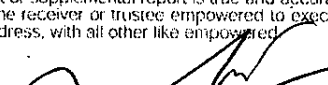
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P NGUYEN, TUAN H. 504 GARDENS DR # 104 POMPANO BEACH, FL 33069 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D TRUONG, HA N. 504 GARDENS DR # 104 POMPANO BEACH, FL 33069 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate; and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **TUAN HOANG NGUYEN** DATE **01/30/04** 954-572-3366
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #