

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90160 046 \*\*\*150.00

**DOCUMENT # P01000099343**

1. Entity Name  
**DIAMOND NAILS, INC.**



Principal Place of Business  
**8059 W OAKLAND PARK BLVD  
SUNRISE, FL 33351**

Mailing Address  
**8059 W OAKLAND PARK BLVD  
SUNRISE, FL 33351**



01152006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1157409** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NGUYEN, TUAN HOANG  
504 GARDENS DR #104  
POMPANO BEACH, FL 33069**

Name **NGUYEN TUAN HOANG**  
Street Address (P.O. Box Number is Not Acceptable)  
**6010 PARADISE PLACE**

City **TAMARAC** **FL** Zip Code **33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11**

TITLE	O	<input type="checkbox"/> Delete
NAME	NGUYEN, TUAN H	
STREET ADDRESS	504 GARDENS DR #104	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUONG, HA N	
STREET ADDRESS	504 GARDENS DR #104	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	6010 PARADISE PLACE	
CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	6010 PARADISE PLACE	
CITY-ST-ZIP	TAMARAC, FL. 33321	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Nguyen, Tuan Hoang**

**Officer 954-572-3366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #