FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90285 010 ***150.00

DOCUMENT # P02000016291
1. Entity Name
QD NAILS, INC.

DO NOT WRITE IN THIS SPACE

20042042

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
6169 JOG RD. #C-6	6169 JOG RD. #C-6	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Lake Worth, FL.	City & State: LAKE WORTH, FL.	4. FEI Number: 01-0632665 — Applied For / Not Applicable
Zip: 33467 Country:	Zip: 33467 Country:	5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: MARTIN STEFFANI
Street Address (P.O. Box Number is Not Acceptable): 1704 17TH Lane
City: LAKE WORTH FL Zip Code: 33463

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P D	TITLE	
NAME	NGUYEN, HIEP V	NAME	
STREET ADDRESS	5903 TIMBER VALLEY DR	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — HIEP V. NGUYEN, PRES. Date Daytime Phone #