


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90045 040 \*\*\*150.00

<b>DOCUMENT # P02000033274</b>	
1. Entity Name <b>NAILS BY LINH INC</b>	

Principal Place of Business <b>8201 VIA BELLA BOCA RATON, FL 33486</b>	<i>change</i>	Mailing Address <b>8201 VIA BELLA BOCA RATON, FL 33486</b>
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**14003311**

2. Principal Place of Business <b>21137 Escondido Way</b>	3. Mailing Address <b>21137 Escondido Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

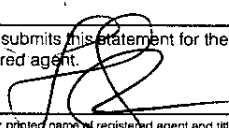


03152004 Chg-P CR2E034 (10/03)

City & State <b>Boca Raton Fla.</b>	City & State <b>Boca Raton Fla. 33433</b>
Zip <b>33433</b>	Zip <b>33433</b>
Country <b>USA</b>	Country <b>USA</b>

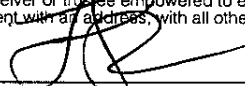
4. FEI Number <b>50-0003090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KIESLING, ROBERT A 4793 N CONGRESS AVE #206 BOYNTON BCH, FL 33426</b>	
7. Name and Address of New Registered Agent Name <b>Linh Phuong Recco</b> Street Address (P.O. Box Number is Not Acceptable) <b>8201 Via Bella</b> City <b>Boca Raton</b> FL <b>33486</b>	

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 	DATE <b>4/12/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHUONG RECCO, LINH <b>8201 VIA BELLA 21137 Escondido Way</b> BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE <b>4/10/04</b> Daytime Phone #