

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P02000123174

1. Entity Name  
RUBY NAILS, INC.



06-01-2004 90747 001 \*\*\*150.00  
06-01-2004 90747 002 \*\*\*\*\*8.75

Principal Place of Business  
5248 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33321

Mailing Address  
5248 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33321

66425702



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05272004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
01-0754345

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE : PSTD  
NAME : HOANG, MICHAEL ☒ Delete  
STREET ADDRESS : 5248 NORTH UNIVERSITY DRIVE  
CITY-ST-ZIP : LAUDERHILL, FL 33321

TITLE : ☐ Delete  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE : ☐ Delete  
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STREET ADDRESS :  
CITY-ST-ZIP :

TITLE : ☐ Delete  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE : PSTD ☐ Change ☒ Addition  
NAME : Kim LIEN HURST  
STREET ADDRESS : 5248 NORTH UNIVERSITY DR.  
CITY-ST-ZIP : LAUDERHILL FL 33321

TITLE : ☐ Change ☐ Addition  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition  
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

*Kim-Lien-Hurst* Kim-Lien-Hurst 5/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #