2003 FOR PROFIT CORPORATION

Suite, Apt. #, etc.

City & State

Zip

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

P02000123174 1. Entity Name



RUBY NAILS, INC.

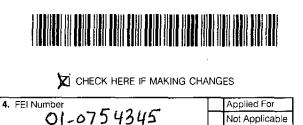
Country

Mailing Address

5248 NORTH UNIVERSITY DRIVE 5248 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33321 LAUDERHILL FL 33321 2. Principal Place of Business 3. Mailing Address

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90103 042 ***150.00



5. Certificate of Status Desired

Trust Fund Contribution.

Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code

Country

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.

inted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

DATE

\$5.00 May Be Added to Fees

\$8.75 Additional

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE TITLE Change Addition Delete MICHAEL HOANG NAME VO. HA H NAME 5248 North University Drive 5248 NORTH UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33321 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33321 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Addition TITLE Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P

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 on an attachmer changed, or

SIGNATURE:

Daytime Phone #