

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90048 001 \*\*\*150.00

<b>DOCUMENT # P04000041383</b>					
<b>1. Entity Name</b> DJ NAILS OF TAMPA, INC.					
<b>Principal Place of Business</b> 4410 W. HILLSBOROUGH, SUITE P TAMPA, FL 33614			<b>Mailing Address</b> 4410 W. HILLSBOROUGH, SUITE P TAMPA, FL 33614		
<b>2. Principal Place of Business</b> 3439 LITHIA PINECREST RD Suite, Apt. #, etc.			<b>3. Mailing Address</b> 3439 LITHIA PINECREST RD Suite, Apt. #, etc.		
<b>City &amp; State</b> VALRICO FL		<b>City &amp; State</b> VALRICO FL		<b>4. FEI Number</b> 42-1618360	
<b>Zip</b> 33594		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KUTCHINS, BRYAN A 3974 TAMPA RD., SUITE A OLDSMAR, FL 34677				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<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.</b> SIGNATURE _____ DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PTD <b>NAME</b> TRAN, TOM <b>STREET ADDRESS</b> 4410 W. HILLSBOROUGH, SUITE P <b>CITY-ST-ZIP</b> TAMPA, FL 33614	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 3439 LITHIA PINECREST RD <b>CITY-ST-ZIP</b> VALRICO FL 33594
<b>TITLE</b> SD <b>NAME</b> NGUYEN, MINH <b>STREET ADDRESS</b> 4410 W. HILLSBOROUGH, SUITE P <b>CITY-ST-ZIP</b> TAMPA, FL 33614	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 3439 LITHIA PINECREST RD <b>CITY-ST-ZIP</b> VALRICO FL 33594
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____
<b>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.</b>					
<b>SIGNATURE:</b> <i>Dau Luong</i>				03/28/05 813-653-3546	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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