## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000019810

Entity Name: DILA NAIL SALON INC.

FILED Mar 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3095 S MILITARY TRAIL STE 5 8135 S MILITARY TRAIL LAKE WORTH, FL 33463

SUITE 102

BOYNTON BEACH, FL 33437

**Current Mailing Address: New Mailing Address:** 

3095 S MILITARY TRAIL STE 5 8135 S MILITARY TRAIL

LAKE WORTH, FL 33463 SUITE 102

BOYNTON BEACH, FL 33437

FEI Number: 01-0859546 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WYMAN, ROBERT TRUONG, LAP QUOC 8135 S MILITARY TRAIL 3095 S MILITARY TRAIL STE 5

LAKE WORTH, FL 33463 SUITE 102

BOYNTON BEACH, FL 33437 US

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.

SIGNATURE: LAP QUOC TRUONG 03/20/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

TRVONG, LAP Q TRUONG, LAP Q Name: Name: 4414 LAKE LUCERNE CIR 4414 LAKE LUCERNE CIR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: WEST PALM BEACH, FL 33409

Title: Title: () Change () Addition () Delete

TO, NGOC D Name: Name: 4414 LAKE LUCERNE CIR Address: Address: WEST PALM BEACH, FL 33409 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAP QUOC TRUONG **PRES** 03/20/2007