

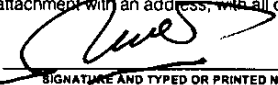


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90026 039 ***150.00

DOCUMENT # P07000112025 1. Entity Name VQ NAILS, INC.																													
Principal Place of Business 1523 CHAFFEE ROAD S JACKSONVILLE, FL 32221			Mailing Address 1523 CHAFFEE ROAD S JACKSONVILLE, FL 32221																										
2. Principal Place of Business - No P.O. Box # 1523 Chaffee Rd S Suite, Apt. #, etc. Ste 14		3. Mailing Address 1523 Chaffee Rd S Suite, Apt. #, etc. Ste 14																											
City & State Jacksonville, FL 32221 Zip 32221		City & State Jacksonville FL Zip 32221		4. FEI Number 26-1223206																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent NGUYEN, VU 1523 CHAFFEE ROAD S JACKSONVILLE, FL 32221			7. Name and Address of New Registered Agent Name NGUYEN VU Street Address (P.O. Box Number is Not Acceptable) 1523 Chaffee Rd Ste # 14 City Jacksonville FL Zip Code 32221																										
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P,VP NGUYEN, VU</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1523 CHAFFEE ROAD S Ste 14</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32221</td> </tr> </table>			TITLE	P,VP NGUYEN, VU	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	1523 CHAFFEE ROAD S Ste 14		CITY-ST-ZIP	JACKSONVILLE, FL 32221		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			3-15-08 904-781-8343 Date Daytime Phone #																										