


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM -**  
**Secretary of State**

<b>DOCUMENT # P97000068885</b> 1. Entity Name LOYAL NAILS, INC.	
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Principal Place of Business 769 34TH ST., N. ST. PETERSBURG, FL 33713	Mailing Address 769 34TH ST., N. ST. PETERSBURG, FL 33713
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01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3467358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  STEPP, CINDY 7100 CENTRAL AVE ST. PETERSBURG, FL 33712	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DU, BINH K 3470 14TH AVE. N. ST. PETERSBURG, FL 337135426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, RON T 3470 14TH AVE. N. ST. PETERSBURG, FL 337135426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DU, ANH L 3470 14TH AVE. N. ST. PETERSBURG, FL 337135426
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01/30/04-80039-017 150.00

**DO NOT WRITE IN THIS SPACE**

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>SIGNATURE:</b> 	<b>1-28-04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #