


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90050 045 \*\*\*150.00

**DOCUMENT # P07000088969**  
 1. Entity Name  
**HAI GIANG TRUONG, INC.**



Principal Place of Business      Mailing Address  
 1227 KINGSWAY RD      1227 KINGSWAY RD  
 BRANDON FL 33510      BRANDON FL 33510



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**ELEGANT NAILS**      **ELEGANT NAILS**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1227 KINGSWAY RD**      **1227 KINGSWAY RD**  
 City & State      City & State  
**BRANDON, FL**      **BRANDON, FL**  
 Zip      Country      Zip      Country  
**33510**      **HILLSBROUGH**      **33510**      **HILLSBROUGH**

1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent  
**TRUONG, HAI G**  
**1227 KINGSWAY RD**  
**BRANDON FL 33510**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable.      NOTE: Registered Agent signature required when re-registering.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUONG, HAI G 1227 KINGSWAY RD BRANDON FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Hai Giang Truong*      04/07/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #