


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000038370	
1. Entity Name BOOMER NAIL & BEAUTY SUPPLY, INC.	

Principal Place of Business 9718 LANCASTER PLACE BOCA RATON, FL 33434	Mailing Address 9718 LANCASTER PLACE BOCA RATON, FL 33434
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02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1162200	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLEMAN, ANTHONY G JR 3275 W. HILLSBORO BLVD. #207 DEERFIELD BEACH, FL 33442
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINEMANN, VIRGINIA 9718 LANCASTER PLACE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRDSSELL, KAREN 6115 NW 1ST STREET MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/19/05-80031-010 150.00

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.

SIGNATURE: 	3-14-05	561 488-4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #