

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90334 005 ***150.00

DOCUMENT # P03000090426

1. Entity Name
GJJA'S NAILS, INC.



Principal Place of Business
**1851 N.W. 125TH TERRACE
PEMBROKE PINES, FL 33028**

Mailing Address
**1851 N.W. 125TH TERRACE
PEMBROKE PINES, FL 33028**

14001496



2. Principal Place of Business

4301 S.W. 124th Avenue

3. Mailing Address

4301 S.W. 124th Avenue

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

Davie, FL

City & State

Davie, FL

Zip
33330

Country
U.S.A.

Zip
33330

Country
USA

04012004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0157633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VERBIT, STEPHEN R
235 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent

Name

VIRGINIA CALCANO

Street Address (P.O. Box Number is Not Acceptable)

4301 S.W. 124th Avenue, Suite 107

City **DAVIE**

FL

Zip Code

33330

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

Virginia Calcano

VIRGINIA CALCANO, PRESIDENT

04/05/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CALCANO, VIRGINIA**
STREET ADDRESS **1851 N.W. 125TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **D** ☐ Delete
NAME **CALCANO, VIRGINIA**
STREET ADDRESS **1851 N.W. 125TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **CALCANO, VIRGINIA**
STREET ADDRESS **4301 S.W. 124th Avenue, Suite 107**
CITY-ST-ZIP **Davie, FL. 33330**

TITLE **D** ☒ Change ☐ Addition
NAME **CALCANO, VIRGINIA**
STREET ADDRESS **4301 S.W. 124th Avenue, Suite 107**
CITY-ST-ZIP **Davie, FL. 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Virginia Calcano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA CALCANO

04/05/04

954-423-4452

Date

Daytime Phone #