2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000013791 03-31-2005 90055 006 ***150.00 ULA'S GROOMING GALLERY CORP. Principal Place of Business Mailing Address 21805 SW 98 PL 21805 SW 98 PL MIAMI, FL 33190 MIAMI, FL 33190 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 CR2E034 (10/03) 4. FEI Number 6- 24 332 70 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENNILLO, URSZULA Street Address (P.O. Box Number is Not Acceptable) = 21805 SW 98 PL MIAMI, FL 33190 Zip Code City 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PDS TITLE ☐ Delete TITLE Change Addition MENNILLO, URSZULA NAME NAME STREET ADDRESS 21805 SW 98 PL STREET ADDRESS MIAMI, FL 33190 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition LISIEWICZ, GRZEGORZ NAME NAME 21805 SW 98 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33190 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS _CITY_ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Mar 31, 2005 8:00 am

Daytime Phone #