


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90029 039 \*\*\*150.00

**DOCUMENT # P04000154890**  
 1. Entity Name  
**NAILS BY GALINA, INC.**



Principal Place of Business      Mailing Address  
**6608 HIDDEN COVE DRIVE**      **6608 HIDDEN COVE DRIVE**  
**DAVIE FL 33314**                      **DAVIE FL 33314**

**66006318**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
*6608 HIDDEN COVE DR*      *6608 HIDDEN COVE DR*  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**DAVIE, FL**                                  **DAVIE, FL**  
 City & State                                  City & State  
**33314**    **33314**  
 Zip    Zip

4. FEI Number      Applied For  
**59-3790133**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**RENALDO, ALEX A**  
**1301 N.E. MIAMI GARDENS DRIVE**  
**SUITE 202**  
**NORTH MIAMI BEACH FL 33179**

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 *Renaldo*      DATE

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KUZOMKINA, GALINA</b> <b>6608 HIDDEN COVE DRIVE</b> <b>DAVIE FL 33314</b>	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
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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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

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: *Renaldo*      **03/14/05**      **9545546913**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #