

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 017 \*\*\*158.75

**DOCUMENT # P93000063646**

1. Entity Name  
**RENA'S NAILS, INC.**



Principal Place of Business  
**190 ARLINGTON RD  
JACKSONVILLE, FL 32211**

Mailing Address  
**190 ARLINGTON RD  
JACKSONVILLE, FL 32211**



07012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3195904**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RIVERA, RENA D  
2752 GREEN ST.  
JACKSONVILLE, FL 32205**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
RIVERA, RENA D  
2752 GREEN ST.  
JACKSONVILLE, FL 32205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

*Rena D. Rivera-Ryan President*

*6/30/08 904 727 7780*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Rena's Nails, Inc.  
Rena Rivera-Ryan, President  
190 Arlington Rd N  
Jacksonville, FL 32211

40109484  
# P93000063646

June 30, 2008

Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314

Florida Dept. of State,

I am upset to know that I am late for my Annual report. I however I did not receive any notice. My business area is undergoing septic tank phase out program, that means that they are installing sewer pipes. Being that my corner property is off the main line they even had to move my mail box several times and block off traffic. This is not the only problem that I have experienced since construction. This construction is to end in the fall of 2009. I'll be sure to check on my next years annual report on line.

I have contacted the office and they instructed me to download this enclosed form and to check the late box. But, there is no such box. They did say to enclose an explanation, and a check of \$150.00. In addition, I'd like to order the Certificate of Status, \$8.75.

Enclosed check # 5736, amount of \$158.75. I hope this meets my requirements. These are hard times, especially for small businesses in this field.

Please call if any questions, (904)727-7780, day or night.

Sincerely,

  
Rena's Nails, Inc., Rena D Rivera-Ryan