


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90100 001 ***150.00

DOCUMENT # P98000065042 1. Entity Name NAILS R US OF PINELLAS INC.																											
Principal Place of Business 8908-A 4TH STREET NORTH ST. PETERSBURG, FL 33702		Mailing Address 7684 - 49TH STREET N. PINELLAS PARK, FL 33781																									
2. Principal Place of Business 7684 - 49TH ST. N. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State PINELLAS PARK, FL. Zip 33781 Country PINELLAS		City & State City Zip Code FL																									
4. FEI Number 59-3520998 59-3529098		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03082005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent LUONG, ANDY 7684 - 49TH STREET N. PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u>Andy Luong</u> DATE <u>3-10-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
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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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: <u>Andy Luong</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-10-2005</u> Daytime Phone # <u>727-544-3435</u>																									