2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90148 026 ***158.75

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1. Entity Name
BELNAZ HOLDINGS, INC.

20054525

Principal Place of Business	Mailing Address
713 NE 26TH AVENUE HALLANDALE, FL 33009 US	713 NE 26TH AVENUE HALLANDALE, FL 33009 US

04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0874228
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALUSTYANTS, BELLA
713 NE 26TH AVENUE
HALLANDALE, FL 33009

[redacted] Galustyants
1835 E.Hallandale Bech,Blvd #339
Hallandale,Florida 33009

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALUSTYANTS, BELLA [redacted] Galustyants
STREET ADDRESS	713 NE 26TH AVENUE 1835 E.Hallandale Bech,Blvd #339
CITY-ST-ZIP	HALLANDALE, FL 33009 Hallandale,Florida 33009
TITLE	SD
NAME	BOULMAROUF, NAZIHA
STREET ADDRESS	22 SARATOGA DR
CITY-ST-ZIP	JERICHO, NY 11753
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bella Galustyants 4-25-05 305-606-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #