


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90010 029 ***150.00

DOCUMENT # P04000013923

1. Entity Name
ALKA'S SKIN STUDIO INC



Principal Place of Business Mailing Address

9070 58TH DRIVE EAST **8198 NATURES WAY**
102 **13**
BRADENTON, FL 34202 **BRADENTON, FL 34202**

2. Principal Place of Business 3. Mailing Address

14041 NIGHT HAWK TERRACE **14041 NIGHT-HAWK TER.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

BRADENTON, FL 34202 **BRADENTON, FL**

Zip Country Zip Country

34202 **FLORIDA** **34202** **FLORIDA**

40094166



03142005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0607262 Not Applicable

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

6. Name and Address of Current Registered Agent

AGRAWAL-MILLER, ALKA
8198 NATURES WAY
13
BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name **AGRAWAL MILLER, ALKA**
 Street Address (P.O. Box Number is Not Acceptable) **14041 NIGHT HAWK TERRACE**
 City **BRADENTON, FL** Zip Code **34202**

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 *Alka Agrawal-Miller* **ALKA AGRAWAL-MILLER** 4/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGRAWAL-MILLER, ALKA	NAME	AGRAWAL-MILLER, ALKA
STREET ADDRESS	8198 NATURES WAY 13	STREET ADDRESS	14041 NIGHT HAWK TERRACE, BRADENTON,
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	FL. 34202
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Alka Agrawal-Miller* **ALKA AGRAWAL-MILLER/PRESIDENT** 4/1/05 (941) 704-1048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #