

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000160053

1. Entity Name
STYLISTIC FUSION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 AM 11:14

Principal Place of Business 669 NW 156 AVENUE PEMBROKE PINES, FL 33028	Mailing Address 669 NW 156 AVENUE PEMBROKE PINES, FL 33028
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2. Principal Place of Business 16850-112 Collins Ave	3. Mailing Address 16850-112 Collins Ave
(Suite) Apt. #, etc. # 156	(Suite) Apt. #, etc. # 156

03102006 Chg-P CR2E034 (11/05)

City & State Sunny Isles Bch, FL	City & State Sunny Isles Bch, FL
Zip 33160	Zip 33160
Country	Country

4. FEI Number 76-0808492	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, SARAH M
669 NW 156 AVENUE
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

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 _____ DATE **3/13/06**

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, 2006 Fee will be \$550.00

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	PS RILEY, SARAH M 669 NW 156 AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEMP, ALEXIS M 669 NW 156 AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition 800069064838 03/30/06--01061--014 **150.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: _____ DATE **3/13/06** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charter Number Only

3/17 Eveleyn

Requestor's Name
Address Atlantic
City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Stylistic Fusion, Inc.
P05000160053

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agents
- Certificate Under Seal
- After 4:30
- Mail Out



Empire Toll Free: 1-800-432-3028

RECEIVED
05 MAR 20 AM 10:14
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier