

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681439

Entity Name: TECH STYLES, INC.

FILED  
Jul 08, 2005  
Secretary of State

**Current Principal Place of Business:**

9760 NE 5TH AVE RD  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

9760 NE 5TH AVE RD  
MIAMI SHORES, FL 33138

**New Mailing Address:**

FEI Number: 59-2018030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMONT & NEIMAN, PA  
TWO SOUTH BISCAYNE BLVD  
SUITE 3550  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MACDONNELL, CHARLENE, W  
Address: 9760 NE 5TH AVE RD  
City-St-Zip: MIAMI SHORES, FL 33138

Title: DS ( ) Delete  
Name: MACDONNELL, ORRIN B  
Address: 9760 NE 5TH AVE RD  
City-St-Zip: MIAMI SHORES, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MACDONELL, CHARLENE,, W  
Address: 9760 NE 5TH AVE RD  
City-St-Zip: MIAMI SHORES, FL 33138

Title: DS (X) Change ( ) Addition  
Name: MACDONELL, ORRIN B  
Address: 9760 NE 5TH AVE RD  
City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHALENE MACDONNELL

PD

07/08/2005

Electronic Signature of Signing Officer or Director

Date