

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 681439

Entity Name: TECH STYLES, INC.

**FILED**  
**Apr 15, 2011**  
**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  
NEW WORLD TOWER SUITE 801  
100 N. BISCAYNE BLVD.  
MIAMI, FL 33132 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLENE W. MACDONELL

PD

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date