

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000031215

1. Entity Name
STYLE-TECH U.S.A., INC.



Principal Place of Business
2921 NW 28TH WAY
OAKLAND PARK, FL 33311

Mailing Address
700 EAST DANIA BEACH BLVD., SUITE 202
DANIA, FL 33004



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0983097 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

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, 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 D
NAME POULIN, CLAUDE
STREET ADDRESS 490 8TH STREET, ST-PROSPER, BEAUCE SUD
CITY-ST-ZIP (QUEBEC) CANADA, G0M 1Y0,

TITLE D
NAME POULIN, JESSY
STREET ADDRESS 490 8TH STREET, ST-PROSPER, BEAUCE SUD
CITY-ST-ZIP (QUEBEC) CANADA, G0M 1Y0,

TITLE D
NAME POULIN, NICOLA
STREET ADDRESS 490 8TH STREET, ST-PROSPER, BEAUCE SUD
CITY-ST-ZIP (QUEBEC) CANADA, G0M 1Y0,

TITLE
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

U000000486239
04/13/06-80028-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-06

Date

9346581092

Daytime Phone #