2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P01000114942 1. Entity Name 04-21-2004 90082 027 ***150.00 STYLE TREND STUDIOS, INC. Principal Place of Business Mailing Address 7344 JOG ROAD 7344 JOG ROAD 34038224 LAKE WORTH FL 33467 LAKE WORTH FL 33467° 3. Mailing Address 12807 LAKE DRIVE EXT. 2. Principal Place of Business 12807 LAKE DRIVE EXT. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State DELRAY BEACH, FL 4. FEI Number Applied For 26-0037529 DELRAY BEACH, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33444 USA Ass. 33444 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES GREENBERG SMITH FADAM ESQ - - - - -Street Address (P.O. Box Number is Not Acceptable) 12807 LAKE DRIVE EXT. 2600 NORTH MILITARY TRAIL SUITE 125 **BOCA RATON FL 33431** DELRAY BEACH 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. CHARLES GREENBERG SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE PD Change Ch ☐ Addition NAME LEVY, GAIL NAME LEVY, GAIL STREET ADDRESS 7344 JOG ROAD STREET ADDRESS 12807 LAKE DR.EXT. CITY-ST-ZIP LAKE WORTH FL 33467 City-St-7iP DELRAY BEACH FL 33444 **VSD** TITLE ☐ Delete TITLE Change Change Addition GREENBERG, CHARLES NAME GREENBERG, CHARLES STREET ADDRESS 7344 JOG ROAD STREET ADDRESS 2807 LAKE DR. EXT. CITY-ST-ZIF LAKE WORTH FL 33467 CITY-ST-ZIP ELRAY BEACH FL 33444 Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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

FILED

4/9/04 561-274-4448

Daytime Phone #