2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2005 08:00 AM Secretary of State

Daysme Phone #

ANNUAL REPORT	Secretary of State
DOCUMENT # P0200005841 1. Enlity Name PRO-STYLE OF AMERICA, INC.	
Principal Place of Business Mailing Address	
2360 W. 77TH STREET P.O. BOX 260898 HIALEAH, FL 33016 PEMBROKE PINES, FL 33026	
TIMELINI, TE 33070 TEMPROTE THE STATE STORE	4 (1995) 1917 - 1917 - 1917 - 1917 - 1917 1
	03072005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPA	
	01-0609127 Not Applicable \$8.75 Additional
	5. Certificate of Status Dasked Fee Required
Name and Address of Current Registered Agent	
erozco, carlos	DO NOT WRITE
4000 RERN FOREST RD. COOPER CITY, FL 33026	
300, 200, 200, 200, 200, 200, 200, 200,	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.	
(apper) //rozco palastrus.	
SIGNATURE Synature, hard or printed name of registered agent and title if applicable. (NOTE, Regulated Agent aggregate required when remarkating) DATE DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 7. Election Campaign Final Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS	
NAME OROZCO, CÁRLOS	
STREET ADDRESS 4000 FERN FOREST RD. CITY-ST-ZIP COOPER CITY, FL 33026	Hooppoon
Title V	U00000265304 03/16/05-80049-014 150.00
NAME OROZCO, AMPARO	555 10 014 130"100
STREET ADDRESS 4000 FERN FOREST RD. CITY-ST-ZIP COOPER CITY, FL 33026	
TIFE	1
NAME	
STREET ADDRESS CSTY-ST-ZIP	DO NOT WRITE
MALE	IN THIS SPACE
NAME TO THE PROPERTY OF THE PR	IN THIS STAGE
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS	
CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.	
of the corporation or the receiver or trustee empoweled 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.	
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