

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000010960			
1. Entity Name IN STYLES, INC.			
Principal Place of Business 14031 SW 154 CT MIAMI, FL 33196		Mailing Address 14031 SW 154 CT MIAMI, FL 33196	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEON, CARLOS 14031 SW 154 CT MIAMI, FL 33196		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, CARLOS	NAME	
STREET ADDRESS	14031 SW 154 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, CARLOS	NAME	
STREET ADDRESS	14031 SW 154 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ALBERTO	NAME	
STREET ADDRESS	14031 SW 154 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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: _____		Date: 6/10/03 786-326-6286	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

90139856



CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0584393** Applied For Not Applicable

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

CR20034 (10/02)

June 12, 2003

Attachment
90139856

Florida Department of State
Division of Corporations
UNIFORM BUSINESS REPORT
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: In Styles, Inc.
Document #P02000010960
FEIN: 01-0584393

Gentlemen:

Enclosed is our Uniform Business Report and our check made payable to the Florida Department of State in the amount of \$150.00.

Excuse us if

We acknowledge that this form is just a bit late in being filed, but we ask that you please understand that this is our first-ever time for filing the document, we did not receive a blank one in the mail to put us on notice, and we were unaware that it existed and had to be filed.

Our intentions are certainly honorable, and we would have filed timely had we known of the existence of the report. We ask that you accept this initial filing with the attached check as though it had been filed when required, and that you please set aside any proposed penalty for late filing.

Thank you for your kind assistance in this matter.

Respectfully,

IN STYLES, INC.

Carlos Leon

Carlos Leon
President