

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000101144

1. Entity Name  
STYLE DESIGN & ASSOCIATES, INC.



Principal Place of Business

44 SE 2 AVE  
DELRAY BEACH, FL 33444

Mailing Address

44 SE 2 AVE  
DELRAY BEACH, FL 33444

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**



08102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
61-1425824

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BOUERI, TONY  
44 SE 2 AVE  
DELRAY BEACH, FL 33445

**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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BOUERI, TONY
STREET ADDRESS	44 SE 2 AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	DV
NAME	BOUERI, RACHEL
STREET ADDRESS	44 SE 2 AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000957960  
08/18/08-80010-005 150.00

**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

Aug 12-08  
Date Daytime Phone #