2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000014005

STYLOS BEAUTY SALON, INC.



FILED Jul 14, 2008 08:00 AM Secretary of State

Principal Place of Business

5701 SW 137TH AVE. MIAMI, FL 33183

Mailing Address

12625 NW 6TH STREET MIAMI, FL 33182



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CR2E034 (11/05) 07102008 No Chg-P Applied For 4. FEI Number

30-0152010		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Rec	Additional

6. Name and Address of Current Registered Agent

JOVER, PEDRO 12625 NW 6TH ST MIAMI, FL 33182

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	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and to	le ri applicable. (NOTE Registere	d Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	Election Campaign Final 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 DIR	ECTORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOVER, PEDRO 12625 NW 6TH ST MIAMI, FL 33182			•	U00000954703 07/14/08-80012-017 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOVER, LISBERT 12625 NW 6TH ST. MIAMI, FL 33182				
TITLE			ŀ		

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12. I hereby certify that the information supplied with this filling 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 outrustee 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.

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NAME STREET ADDRESS

NAME' STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #