

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000041743

1. Entity Name  
STYLUS PROPERTIES, INC.



Principal Place of Business  
14760 SW 172 ST  
MIAMI, FL 33187

Mailing Address  
14760 SW 172 ST  
MIAMI, FL 33187



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0697076

Applied For  
Not Applicable

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

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

DE LA ESPRIELLA, HECTOR  
14760 SW 172 ST  
MIAMI, FL 33187

**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**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000852900  
04/16/08-80060-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
DE LA ESPRIELLA, ANGELA  
STREET ADDRESS  
14760 SW 172 ST  
CITY-STATE-ZIP  
MIAMI, FL 33187

TITLE  
NAME  
DE LA ESPRIELLA, HECTOR  
STREET ADDRESS  
14760 SW 172 ST  
CITY-STATE-ZIP  
MIAMI, FL 33187

TITLE  
NAME  
STREET ADDRESS  
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CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**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:

*Hector De La Espriella*  
HECTOR DE LA ESPRIELLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2/08

Date

Daytime Phone #