

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000078656

Entity Name: STYLE ZONE, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7813 NW 40TH STREET  
DAVIE, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7813 NW 40TH STREET  
DAVIE, FL 33024

**New Mailing Address:**

FEI Number: 20-0126436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PUSKAS, CLARA A  
7813 NW 40TH STREET  
DAVIE, FL 33024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PUSKAS, CLARA A  
Address: 7813 NW 40TH STREET  
City-St-Zip: DAVIE, FL 33024 DA

Title: S  
Name: PUSKAS, ANNA M  
Address: 7813 NW 40TH STREET  
City-St-Zip: DAVIE, FL 33024 DA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARA A. PUSKAS

PD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date