

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90061 006 ***550.00

DOCUMENT # P04000015495

1. Entity Name

STYLES CONCRETE INC.



Principal Place of Business

6765 COLLEGE CT BLD 13 APT 102
DAVIE FL 33317

Mailing Address

6765 COLLEGE CT BLD 13 APT 102
DAVIE FL 33317

2. Principal Place of Business

7605 NW 32 PL

Suite, Apt. #, etc.

3. Mailing Address

7605 NW 32 PL

Suite, Apt. #, etc.

City & State

DAVIE - FL

City & State

DAVIE - FL

Zip

33024

Country

USA

Zip

33024

Country

USA

2nd MOORE

CR2E034 (4/06)

4. FEI Number

54-2144451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONAYRE, JOSE M
6765 COLLEGE CT BLD 13 APT 102
DAVIE FL 33317

7. Name and Address of New Registered Agent

Name

DONAYRE, JOSE M.

Street Address (P.O. Box Number is Not Acceptable)

7605 NW 32 PL

DAVIE - FL

33024

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DONAYRE, JOSE M
STREET ADDRESS 6765 COLLEGE CT BLD 13 APT 102
CITY - ST - ZIP DAVIE FL 33317 ☒ Delete

TITLE P
NAME DONAYRE, JOSE M
STREET ADDRESS 7605 NW 32 PL
CITY - ST - ZIP DAVIE FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #