

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000016668

1. Entity Name
MOSAIC STYLES INC



Principal Place of Business
799 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825 US

Mailing Address
799 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825 US

FILED
06 APR 28 PM 12:37
TALLAHASSEE, FLORIDA



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0815712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, REBECCA
801 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825

**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, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES RIVERA, NEHEMIAS JR. 799 SOUTH CHICKASAW TRAIL ORLANDO, FL 32825
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04-18-05 90301 018 \$150.00

**DO NOT WRITE
IN THIS SPACE**

4/25/06

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

4/25/06 407-275-0571
Date Daytime Phone #