



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90025 007 ***150.00

DOCUMENT # P04000077095					
1. Entity Name STYLE BY DESIGN OF THE PALM BEACHES, INC.					
Principal Place of Business 2153 CARIB CIRCLE PALM BEACH GARDENS, FL 33410			Mailing Address 2153 CARIB CIRCLE PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business 100 LAKESHORE DRIVE Suite, Apt. #, etc. UNIT 1055 City & State No. PALM BEACH, FL. Zip 33408 Country USA		3. Mailing Address 100 LAKESHORE DRIVE Suite, Apt. #, etc. UNIT 1055 City & State No. PALM BEACH, FL. Zip 33408 Country USA		<div style="font-size: 1.2em; font-weight: bold;">50056294</div> 	
05122005 Chg-P CR2E034 (10/03)				4. FEI Number 20-1111835	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ATHINEOS, ANNA K 2153 CARIB CIRCLE PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name ATHINEOS, ANNA K. Street Address (P.O. Box Number is Not Acceptable) 100 LAKESHORE DRIVE UNIT 1055 City NORTH PALM BEACH, FL Zip Code 33408		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATHINEOS, ANNA K 2153 CARIB CIRCLE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATHINEOS, ANNA K. 100 LAKESHORE DRIVE, UNIT 1055 No. PALM BEACH, FL. 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Anna K. Athineos</u>			Date <u>7/18/05</u> Daytime Phone # <u>561-624-4087</u>		