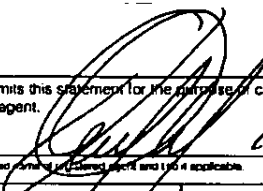
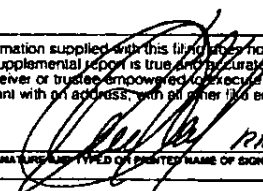


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/200

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 029 ***150.00

DOCUMENT # P04000090880			
1. Entity Name STYLNUL, INC.			
Principal Place of Business 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131		Mailing Address 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	
2. Principal Place of Business 1114 South Douglas Rd. Suite, Apt. #, etc. 6		3. Mailing Address 1114 South Douglas Rd. Suite, Apt. #, etc. 6	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134 Country USA		Zip 33134 Country USA	
4. FEI Number 20-1244249		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Agramunt, Luis Street Address (P.O. Box Number is Not Acceptable) 1114 S. Douglas Rd. Suite 6 City Coral Gables FL Zip Code 33134	
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  LUIS AGRAMUNT 04/14/05 Signature, typed or printed name of registered agent and 150 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTOLI, RICARDO A 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICARDO APARICI BARTOLI 1114 S. Douglas Rd. Suite 6 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing is true and correct, 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 an other file empowered.			
SIGNATURE:  RICARDO APARICI BARTOLI (RA) 04/28/05 (305) 4643027 Signature, typed or printed name of signing officer or director Date Daytime Phone #			