2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2006 90513 001 *1,411.25
P04000090880

FILED
06 MAY 26 AM 8:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P04000090880

1. Entity Name
STYLNUL, INC.

Principal Place of Business	Mailing Address
1114 SOUTH DOUGLAS ROAD 6 MIAMI, FL 33134	1114 SOUTH DOUGLAS ROAD 6 MIAMI, FL 33134

2. Principal Place of Business	3. Mailing Address
1114 South Douglas Rd.	1114 South Douglas Rd.
Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc. Suite 6
City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip 33134 Country USA	Zip 33134 Country USA

03142006 Chg-P CR2E034 (11/05)

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	7. Name and Address of New Registered Agent
AGRAMUNT, LUIS 1114 S DOUGLAS ROAD SUITE 6 MIAMI, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) 1114 South 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 04/15/2006
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 $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 1114 S DOUGLAS ROAD. SUITE 6 MIAMI, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1114 South Douglas Rd., Suite 6 Miami, Florida 33134
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	5/26 ☐ Change ☐ Addition
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 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: _____ RICARDO BARTOLI (PRES) 04/15/2006 (305)448-3027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #