2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114233

City-St-Zip:

RECIFE, BRAZIL, PE 1140

FILED Feb 18, 2009 Secretary of State

Entity Na	me: STYLEB	USINESS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7600 SOUTHLAND BLVD, STE 100, RM 109 ORLANDO, FL 32809			7200 LAKE ELLENOR STE 114 ORLANDO, FL 32809		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7600 SOUTHLAND BLVD, STE 100, RM 109 ORLANDO, FL 32809			7200 LAKE ELLENOR STE 114 ORLANDO, FL 32809		
FEI Number	: 20-1469842	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PEREIRA, CHRISTIANE M 9753 S ORANGE BLOSSOM TRAIL SUITE 202 ORLANDO, FL 32837 US The above named entity submits this statement for the purpose			975 WHARF LANE APT 103 ORLANDO, FL 32828	APT 103 ORLANDO, FL 32828 US	
	e of Florida.	submits this statement for the pr	urpose of changing its registered	Toffice of registered agent, or both,	
SIGNATURE:				02/18/2009	
	Electror	ic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MARANHAO, G RUA DA HARM RECIFE, BRAZ	ONIA 700	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MARTINS, CHR	SE BLOSSOM TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () MARANHAO, E RUA DA HARM		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHRISTIANE M PEREIRA 02/18/2009 S