2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90112 029 ***150.00

DOCUMENT # P04000130007

1. Entity Name
STYLE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
8542 N.W. 66TH STREET MIAMI, FL 33166	8542 N.W. 66TH STREET MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
8542 N.W. 66TH STREET	8542 N.W. 66TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: U.S.A.	Zip: 33166 Country: U.S.A.

03302005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1627223 ☐ 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
LARA, CESAR A 8546 N.W. 66TH STREET MIAMI, FL 33166	Name: SALAMANCA, ALFONSO E, Street Address (P.O. Box Number is Not Acceptable): 8542 N.W. 66TH ST City: MIAMI FL Zip Code: 33166

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 _____ 04-01-2005
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, 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	PD LARA, CESAR A 3882 SW 169TH TR. MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALAMANCA, ALFONSO E. 14041 LANGLEY PLACE DAVIE, FL 33325	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BAENA, ALFREDO 7000 ISLAND BLVD., #2207 MIAMI, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVIERE, CARLOS A 7000 ISLAND BLVD., #2207 MIAMI, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BECERRA, ANGELA M 16420 S POST RD # 303 WESTON, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BECERRA, ANGELA M. 14041 LANGLEY PLACE DAVIE, FL 33325	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SALAMANCA, ALFONSO E 16420 S POST RD # 303 WESTON, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LARA, CESAR A. 3882 SW 169TH TR. MIRAMAR, FL 33027	☒ 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 exemption stated in Section 119.07(3)(i), 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: _____ 04-01-2005 /786-331-3358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #