


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90007 030 ***150.00


DOCUMENT # P05000015638

1. Entity Name
STYLE + 39 INC.



Principal Place of Business 5790 SUNSET DR MIAMI, FL 33143	Mailing Address 5790 SUNSET DR MIAMI, FL 33143
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2. Principal Place of Business 155 Ocean Lane Drive Suite, Apt. #, etc. #210 City & State Key Biscayne, FL Zip 33149 Country	3. Mailing Address 155 Ocean Lane Drive Suite, Apt. #, etc. #210 City & State Key Biscayne, FL Zip 33149 Country
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01312006 Chg-P CR2E034 (11/05)

4. FEI Number
52-2450742
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIACHINO, MONICA 155 OCEAN LANE DR APT 210 KEY BISCAYNE, FL 33149	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 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	DPST GIACHINO, MONICA 155 OCEAN LANE DR APT 210 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X *McFueh* 2-22-06 X 305 3612040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #