


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90012 025 \*\*\*150.00

**DOCUMENT # P05000092583**

1. Entity Name  
**STYLES INC IDENTITY**



Principal Place of Business <b>8639 N. HIMES AVE          #2505          TAMPA, FL 33614</b>	Mailing Address <b>8639 N. HIMES AVE          #2505          TAMPA, FL 33614</b>
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2. Principal Place of Business <b>10808 Australian Pine Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>10808 Australian Pine Dr</b> Suite, Apt. #, etc.
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09052006 Chg-P CR2E034 (11/05)

City & State <b>Riverview, FL</b>	City & State <b>Riverview, FL</b>	4. FEI Number <b>20-3200554</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33509</b>	Country <b>Hillsborough</b>	Zip <b>33509</b>	Country <b>Hillsborough</b>

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

6. Name and Address of Current Registered Agent

**VALDEZ, DARWIN A**  
**8639 N. HIMES AVE.**  
**#2505**  
**TAMPA, FL 33614**

7. Name and Address of New Registered Agent

Name **Valdez, Darwin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10808 Australian Pine Dr.**  
 City **Riverview** **FL** Zip Code **33509**

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**  
**Due by September 15, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>CEO</b>	<input type="checkbox"/> Delete	TITLE <b>CEO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VALDEZ, DARWIN A</b>		NAME <b>Valdez, Darwin</b>	
STREET ADDRESS <b>8639 N. HIMES AVE #2505</b>		STREET ADDRESS <b>10808 Australian Pine Dr</b>	
CITY-ST-ZIP <b>TAMPA, FL 33614</b>		CITY-ST-ZIP <b>Riverview, FL 33509</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VALDEZ, MONEKA M</b>		NAME <b>Valdez, Moneka</b>	
STREET ADDRESS <b>8639 N. HIMES AVE. #2505</b>		STREET ADDRESS <b>10808 Australian Pine Dr</b>	
CITY-ST-ZIP <b>TAMPA, FL 33614</b>		CITY-ST-ZIP <b>Riverview, FL 33509</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Moneka Valdez Date: 8/10/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR