


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 8639 N. HIMES AVE #2505 TAMPA, FL 33614			Mailing Address 8639 N. HIMES AVE #2505 TAMPA, FL 33614		
2. Principal Place of Business 10808 Australian Pine Dr Suite, Apt. #, etc.		3. Mailing Address 10808 Australian Pine Dr Suite, Apt. #, etc.			
City & State Riverview, FL		City & State Riverview, FL		4. FEI Number 20-3200554	
Zip 33509		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$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. <input type="checkbox"/> \$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 CEO <input type="checkbox"/> Delete NAME VALDEZ, DARWIN A STREET ADDRESS 8639 N. HIMES AVE #2505 CITY-ST-ZIP TAMPA, FL 33614			TITLE CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Valdez, Darwin STREET ADDRESS 10808 Australian Pine Dr CITY-ST-ZIP Riverview, FL 33509		
TITLE VP <input type="checkbox"/> Delete NAME VALDEZ, MONEKA M STREET ADDRESS 8639 N. HIMES AVE. #2505 CITY-ST-ZIP TAMPA, FL 33614			TITLE VP <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Valdez, Moneka STREET ADDRESS 10808 Australian Pine Dr CITY-ST-ZIP Riverview, FL 33509		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <i>Moneka Valdez</i>				Date: 8/10/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					