


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
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2. Principal Place of Business 10808 Australian Pine Dr Suite, Apt. #, etc.	3. Mailing Address 10808 Australian Pine Dr Suite, Apt. #, etc.
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09052006 Chg-P CR2E034 (11/05)

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

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