

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90269 025 \*\*\*150.00

<b>DOCUMENT # P05000130060</b> 1. Entity Name <b>ZOILA DOMINICAN STYLE, INC.</b>			
Principal Place of Business <b>6740 W FLAGLER MIAMI, FL 33144</b>		Mailing Address <b>325 NW 72 AVENUE SUITE 304 MIAMI, FL 33126</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>325 NW 72 AV. 105</b>	
City & State <b>MIAMI FL.</b>		City & State <b>MIAMI FL.</b>	
Zip <b>33126</b>	Country <b>USA</b>	4. FEI Number <b>20-3517001</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ACEVEDO, ZOILA 325 NW 72 AVENUE SUITE 304 MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name <b>ZOILA ACEVEDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>325 NW 72 AV. 105</b> City <b>MIAMI FL.</b> <b>FL</b> Zip Code <b>33126</b>	
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 <b>Zoila Acevedo</b> DATE <b>04/17/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ACEVEDO, ZOILA 325 NW 72 AVENUE SUITE 304 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>ZOILA ACEVEDO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>325 NW 72 AV. APT. 105</b> <b>MIAMI FL. 33126</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CASTILLO, JOAQUIN 325 NW 72 AVENUE SUITE 304 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>JOAQUIN CASTILLO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>325 NW 72 AV. APT. 105</b> <b>MIAMI FL. 33126</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Zoila Acevedo</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04/17/07</b> (305) 262-2883 <small>Daytime Phone #</small>	