## 2008 FOR PROFIT CORPORATION

## FILED Mar 14, 2008 8:00 am Secretary of State

03-14-2008 90039 045 \*\*\*158.75

## ANNUAL REPORT

**DOCUMENT # P05000160053** STYLISTIC FUSION, INC. 40045789 Mailing Address Principal Place of Business 16850-112 COLLINS AVENUE, #246 16850-112 COLLINS AVENUE, #246 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 Principal Place of Business - No P.O. Box # 3. Mailing Address 2320 E. 320 E. Preserve Suite, Apt. #, etc. Suite, Apt. #, etc. 03012008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number F١ Mircux Micana 76-0808492 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired LSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RILEY, SARAH M P.O. Box Number is Not Acceptable) 16850-112 COLLINS AVENUE,#246 SUNNY ISLES BEACH, FL 33160 ramacy \$. 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. Signature, typed or printed name of re istered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PS ☐ Delete TITLE Addition TITLE 🔽 Change RILEY, SARAH M GREGORY, SARAH M NAME NAME 2320 E PRESERVE WAY #307 16850-112 COLLINS AVENUE,#246 STREET ADDRESS STREET ADORESS SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP CITY-ST-ZIP MITAMAR FI 33025 TITLE ☐ Delete TITI F Change ■ Addition KEMP, ALEXIS M KEMP, ALEXIS M NAME NAME 2320 E. PRESERVE WAY 4307 STREET ADDRESS 16850-112 COLLINS AVENUE,#246 STREET ADDRESS SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP CITY-ST-7P MILAMAR FI 33025 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OITY-ST-ZIB ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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. L SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT # P05000160053



