## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 02, 2007 8:00 am Secretary of State **DOCUMENT # P06000030735** 1. Entity Name 04-02-2007 90082 002 \*\*\*158.75 BOLDSTYLE, INC. Principal Place of Business Mailing Address 2618 NW 72ND AVENUE 2618 NW 72ND AVENUE MIAMI, FL 33122 US MIAMI, FL 33122 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03242007 Chq-P City & State City & State 4. FEI Number Applied For Not Applicable Country ; Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREU, YOVANY Street Address (P.O. Box Number is Not Acceptable) 8917 SW 214TH ST MIAMI, FL 33189 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDREU, YOVANY NAME NAME 8917 SW 214TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33189 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby 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 supplied with this limit does not quality for the exemplate the fundamental 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.

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**FILED**