

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000035780

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** ALTERATIONS WITH STYLE, INC.

**Current Principal Place of Business:**

8998 SEMINOLE BLVD.,  
SEMINOLE, FL 33778

**New Principal Place of Business:**

8998 SEMINOLE BLVD.,  
SEMINOLE, FL 33772

**Current Mailing Address:**

8998 SEMINOLE BLVD.,  
SEMINOLE, FL 33778

**New Mailing Address:**

8998 SEMINOLE BLVD.,  
SEMINOLE, FL 33772

**FEI Number:** 20-4544860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIZZO, MARIA  
4306 COLUMNS CIRCLE  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RIZZO, MARIA  
Address: 5514 BATES ST  
City-St-Zip: SEMINOLE, FL 33772

Title: VD  
Name: DE ROSA, MARIA  
Address: 4306 COLUMNS CIRCLE  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARIA RIZZO

PD

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date