

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018582

FILED
Apr 25, 2012
Secretary of State

Entity Name: SIGNATURE STYLES PRODUCTION INC.

Current Principal Place of Business:

2981 N NOBHILL RD.
SUNRISE, FL 33322 US

New Principal Place of Business:

2981 N NOBHILL RD.
204
SUNRISE, FL 33322 US

Current Mailing Address:

2981 N NOBHILL RD.
SUNRISE, FL 33322 US

New Mailing Address:

2981 N NOBHILL RD.
204
SUNRISE, FL 33322 US

FEI Number: 20-8431546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHOFIELD, DANNY
2981 N. NOBHILL RD.
APT. 204
SUNRISE, FL 33322 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: PRES
Name: SCHOFIELD, DANNY
Address: 2981 N. NOBHILL RD., APT. 204
City-St-Zip: SUNRISE, FL 33322 US

Title: TRES
Name: CATHERINE, SCHOFIELD
Address: 2981 N. NOBHILL RD., APT. 204
City-St-Zip: SUNRISE, FL 33322 US

Title: SECT
Name: DANNY, SCHOFIELD SENIOR
Address: 2981 N. NOBHILL RD., APT. 204
City-St-Zip: SUNRISE, FL 33322 US

Title: DIR
Name: SCHOFIELD, DANNY
Address: 2981 N. NOBHILL RD., APT. 204
City-St-Zip: SUNRISE, FL 33322 US

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: DANNY SCHOFIELD

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date