

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000117019

**Entity Name:** ANTONIETTA STYLE'S INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4443 ARUBA BLVD  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

4443 ARUBA BLVD  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 26-1294490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDINA, ALFREDO  
1560 TIVERTON BLVD WINTER GARDEN  
WINTER GARDEN, FL 34787 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: P  
Name: RINCON, MARIA  
Address: 4443 ARUBA BLVD  
City-St-Zip: CLERMONT, FL 34711 US

Title: VP  
Name: AGUIRRE, ELVIS  
Address: 4443 ARUBA BLVD  
City-St-Zip: CLERMONT, FL 34711 US

Title: TRE  
Name: AGUIRRE, NAILU  
Address: 4443 ARUBA BLVD  
City-St-Zip: CLERMONT, FL 34711 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: ELVIS AGUIRRE

VP

04/25/2011

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

\_\_\_\_\_  
Date