


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90028 012 ***158.75

DOCUMENT # P07000119786 1. Entity Name STYLESUPPLY.COM, CORP.					
Principal Place of Business 211 NE 97 ST 208 MIAMI SHORES, FL 33138			Mailing Address 211 NE 97 ST 208 MIAMI SHORES, FL 33138		
2. Principal Place of Business - No P.O. Box # 758 NE 90 St		3. Mailing Address 758 NE 90 St			
Suite, Apt. #, etc. 504		Suite, Apt. #, etc. 504			
City & State Miami, FL		City & State Miami, FL			
Zip 33138	Country	Zip 33138	Country	4. FEI Number 26-1361194	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUPPER, CHRISTIAN 211 NE 97 ST 208 MIAMI SHORES, FL 33138			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 758 NE 90 St #504 City Miami FL Zip Code 33138		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUPPER, CHRISTIAN 211 NE 97 ST 208 MIAMI SHORES, FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUPPER, CHRISTIAN 758 NE 90 ST 504 MIAMI, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u>Christian Tupper</u>			Date: <u>7/24/2008</u> Daytime Phone #: <u>786-351-3342</u>		