2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024033

Entity Name: NELLY STYLES, INC

FILED Apr 21, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
650 101 AVE. NORTH NAPLES, FL 34108				9331 TAMIAMI TRL. N. SUITE #24 NAPLES, FL 34110		
Current Mailing Address:				New Mailing Address:		
650 101 AV NAPLES, F				9331 TAMIAMI TRL. N. SUITE #24 NAPLES, FL 34110		
FEI Number:	26-2010348	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MORALES, ROSA E. 8224 KEY ROYAL CIRCLE, #216 NAPLES, FL 34119 US				MORALES, ROSA E. 8224 KEY ROYAL CIRCLE. APT #216 NAPLES, FL 34119 US		
The above in the State		submits this statement for the p	purpose o	f changing its registered	office or registered agent, or both,	
SIGNATURE:				04/21/2009		
Electronic Signature of Registered Agent					Date	
Election Carr	npaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (HERNANDEZ, 650 101 AVE. NAPLES, FL 3	NORTH		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	V (ZIEGLER, KAT 650 101 AVE. NAPLES, FL 3	NORTH		Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: OWNER OWNE 04/21/2009