

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000008557

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** STYLIST INC.

**Current Principal Place of Business:**

18090 COLLINS AVENUE  
T13  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

16699 COLLINS AVENUE  
2405  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

18090 COLLINS AVENUE  
T13  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 27-4723162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALMOG, ASSAF  
16699 COLLINS AVENUE  
2405  
SUNNY ISLES BEACH, FL 33160 US

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

ALMOG, ASSAF  
18090 COLLINS AVENUE  
T13  
SUNNY ISLES BEACH, FL 33160 US

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:** ASSAF ALMOG

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PS  
**Name:** ALMOG, ASSAF  
**Address:** 18090 COLLINS AVE., T13  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

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:** ASSAF ALMOG

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date