

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # P96000048949

1. Entity Name
STYLE IN, CORP.



Principal Place of Business
405 S ATLANTIC BLVD
FT LAUDERDALE, FL 33316

Mailing Address
C/O S. KRAFT P.A.
934 N UNIVERSITY DR, # 250
CORAL SPRINGS, FL 33071



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0674463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMUY, NEIL
405 S ATLANTIC BLVD
FT LAUDERDALE, FL 33316

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
HAMUY, NEIL
417 S ATLANTIC BLVD
FT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
HAMUY, JAMIE
9629 PARKVIEW AVE
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
HAMUY, ELIAHU
417 S ATLANTIC BLVD
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/10/07-80031-004 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #