

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90033 038 ***150.00

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1. Entity Name

STYLUS TRANSPORTATION, CORP.

Principal Place of Business

7616 SOUTHLAND BLVD., STE 104
ORLANDO FL 32809
US

Mailing Address

7616 SOUTHLAND BLVD., STE 104
ORLANDO FL 32809
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3412063**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IORIO, VALERIA
5362 BAMBOO CT
ORLANDO FL 32811

Name

Valeria Iorio

Street Address (P.O. Box Number is Not Acceptable)

6918 HOCHAD DR.

City ORLANDO

FL

Zip Code 32819

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

Valeria Iorio

VALERIA IORIO President

02-08-07

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
IORIO, VALERIA
5362 BAMBOO CT.
ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.
VALERIA IORIO
6918 HOCHAD Dr.
Orlando, FL 32819 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MARTINEZ, FERNANDO S
7616 SOUTHLAND BLVD, SUITE 104
ORLANDO FL 32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Fernando Martinez
728 White River Dr.
Orlando, FL 32828 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Valeria Iorio Valeria Iorio

02-08-07

(407) 850-9808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #