



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90184 031 ***150.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P97000012845 1. Entity Name MIAMI STYLE, INC. | | | |  | |
| Principal Place of Business 1060 E 16 STREET HIALEAH, FL 33010 | | | Mailing Address 1060 E 16 STREET HIALEAH, FL 33010 | | |
| 2. Principal Place of Business 1060 E 16th St Suite, Apt. #, etc. HIALEAH City & State HIALEAH FL Zip 33010 | | 3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country | |  | |
| 4. FEI Number 65-0726480 | | Applied For <input type="checkbox"/> Not Applicable | | 02242006 Chg-P CR2E034 (11/05) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent AMNON, BENSIMON 1060 E 16 STREET HIALEAH, FL 33010 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 BENSIMON, AMNON 1060 E 16 STREET HIALEAH, FL 33010 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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: AMNON BENSIMON | | | | 3-01-06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |

ATTACHMENT



60022494

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

MIAMI STYLE, INC.
1060 E 16 STREET
HIALEAH, FL 33010

SUBJECT: MIAMI STYLE, INC.
Ref. Number: P97000012845

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR
OPS

Letter Number: 606A00013287

Resend