

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

06-23-2004 90001 017 \*\*\*158.75

<b>DOCUMENT # P98000015500</b>	
1. Entity Name NOW, A STYLE STORE, INC.	
670 JOSEPH PATERNOSTRO ACCOUNTING SVC.	
Principal Place of Business 51 N.E. 40 STREET MIAMI, FL 33137 US	Mailing Address 901 N.E. 125TH STREET, STE. 101 NORTH MIAMI, FL 33161 U.S.A.



06172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0813068	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TAYLOR, WAYNE E  
51 N.E. 40TH STREET  
MIAMI, FL 33137

**DO NOT WRITE  
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 \$550.00  
Due by September 8, 2004**

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	P TAYLOR, WAYNE E 51 N.E. 40TH STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Wayne Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/18/04

Date

305-895-7355

Daytime Phone #

Attachment

54058484  
#P98000015500

Joseph Paternostro Accounting Services, Inc.

901 NE 125<sup>th</sup> Street, Suite 101

North Miami, FL 33161

Office (305) 895-7355 Cell (305) 606-0935 Fax (305) 893-9696

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June 18, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Now, A Style Store, Inc.  
Fein. 65-0813068

To whom it may concern:

Reference is made to my telephone conversation with your representative, Ruby, on the above date. Per her request, we have enclosed our check for \$158.75 covering the cost for our Corporate Annual Report.

I informed Ruby that this error was caused by the post office returning the form back to the Florida Department of State.

Would you please resolve this situation as soon as possible.

Please accept our thanks for your cooperation on the above.


Sincerely,

  
Joseph Paternostro  
Accountant

cc: Wayne Taylor, President @  
Now, AcStyle Store, Inc.

Attachment

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<u>57058484</u> # <u>P98000015500</u>																													
<b>DOCUMENT #</b> 1. Corporation Name NOW, A STYLE STORE, INC. C70 JOSEPH PATERNOSTRO ACCOUNTING SERVICE																																	
<b>2. Principal Office Address</b> 901 NE 125TH STREET Suite, Apt. #, etc. SUITE 101 City & State NORTH MIAMI, FL Zip 33161 Country USA		<b>3. Mailing Office Address</b> 901 NE 125TH STREET Suite, Apt. #, etc. SUITE 101 City & State NORTH MIAMI, FL Zip 33161 Country USA		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 02/17/98 <b>5. FEI Number</b> 65-0813068 <table border="1" style="width: 100%;"><tr><td style="width: 80%;"><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/></td><td style="width: 20%;"><b>\$8.75 Additional Fee required for a Certificate of Status</b></td></tr></table>		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee required for a Certificate of Status</b>																										
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<b>7. Name and Address of Current Registered Agent</b> Name JOSEPH PATERNOSTRO Street Address (P.O. Box Number is Not Acceptable) 901 N.E..125TH STREET, Suite, Apt. #, Etc. SUITE 101 City NORTH MIAMI, FL State FL Zip Code 33161																																	
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b> Signature of Registered Agent _____ Date 06/18/04 REGISTERED AGENT MUST SIGN																																	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>PRES.</td><td>WAYNE E. TAYLOR</td><td>51 NE 40TH STREET</td><td>MIAMI, FL 33137</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES.	WAYNE E. TAYLOR	51 NE 40TH STREET	MIAMI, FL 33137																				
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PRES.	WAYNE E. TAYLOR	51 NE 40TH STREET	MIAMI, FL 33137																														
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>  SIGNATURE: <u>Wayne Taylor</u> 06/18/04 305-895-7355 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	

CR2E081 (10/02)