

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P9800008-12E7

1. Entity Name
HOUSE OF STYLES INC.

Principal Place of Business
**3065 N.W. 204TH LN.
MIAMI, FL 33056**

Mailing Address
**180 NW 135TH STREET
MIAMI, FL 33168**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0866707

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**HENRY, ANGELITA
3065 N.W. 204TH LN.
MIAMI, FL 33056**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of charging 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: *Angelita Henry* **2/10/06**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's name must appear with registration)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**1100000442088
03/04/06-80003-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HENRY, ANGELITA 3065 N.W. 204TH LN. MIAMI, FL 33056
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12. I hereby certify that the information supplied with this filing does not constitute for the exemptions provided 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 amendments.

SIGNATURE: *Angelita Henry* **2/10/06** **305415322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #