

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081169

FILED
Apr 30, 2009
Secretary of State

Entity Name: PROSTYLE ARCHITECTURE, INC.

Current Principal Place of Business:

501 SOUTH FORT HARRISON AVENUE
SUITE 211
CLEARWATER, FL 33756

New Principal Place of Business:

28870 US HIGHWAY 19 NORTH,
300
CLEARWATER, FL 33761

Current Mailing Address:

501 SOUTH FORT HARRISON AVENUE
SUITE 211
CLEARWATER, FL 33756

New Mailing Address:

32 OSPREY STREET
SAFETY HARBOR, FL 34695

FEI Number: 59-3595666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKELARIOU, NICK K
501 SOUTH FORT HARRISON AVENUE
CLEARWATER,, FL 33756 US

Name and Address of New Registered Agent:

SAKELARIOU, NICK K PD
28870 US HIGHWAY 19 NORTH,
300
CLEARWATER,, FL 33756 US

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.

SIGNATURE: NICK SAKELARIOU

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAKELARIOU, NICK K
Address: 32 OSPREY STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: SAKELARIOU, BARBARA
Address: 32 OSPREY
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: SAKELARIOU, NICK K PD
Address: 28870 US HIGHWAY 19 NORTH,
City-St-Zip: CLEARWATER, FL 33761

Title: MRS. (X) Change () Addition
Name: SAKELARIOU, BARBARA SD
Address: 28870 US HIGHWAY 19 NORTH,
City-St-Zip: CLEARWATER, FL 33761

Title: MR. () Change (X) Addition
Name: OR, CHEUK Y VPD
Address: 28870 US HIGHWAY 19 NORTH,
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK SAKELARIOU

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date