

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000081169

**Entity Name:** PROSTYLE ARCHITECTURE, INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

32 OSPREY ST.,  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

32 OSPREY STREET  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**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 PD  
32 OSPREY ST.,  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MR.  
**Name:** SAKELARIOU, NICK K PD  
**Address:** 32 OSPREY ST.,  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** MRS.  
**Name:** SAKELARIOU, BARBARA SD  
**Address:** 32 OSPREY ST.,  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** MR.  
**Name:** OR, CHEUK Y VPD  
**Address:** 32 OSPREY ST.,  
**City-St-Zip:** SAFETY HARBOR, FL 34695

I hereby 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 all other like empowered.

**SIGNATURE:** NICK SAKELARIOU

PD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date