


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90279 017 \*\*\*150.00

<b>DOCUMENT # S55266</b> 1. Entity Name <b>TYPE STYLES, INC.</b>			
Principal Place of Business 7600 WILES PA #D CORAL SPRINGS, FL 33067 US		Mailing Address 7600 WILES PA #D CORAL SPRINGS, FL 33067 US	
2. Principal Place of Business <b>10854 Wiles Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>10854 Wiles Rd</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs FL</b> Zip <b>33076</b> Country <b>US</b>		City & State <b>Coral Springs FL</b> Zip <b>33076</b> Country <b>US</b>	
4. FEI Number <b>65-0269342</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEVIN, MERYL</b> <b>5872 N.W. 120 AVE</b> <b>CORAL SPRINGS, FL 33076</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>LEVIN, MERYL</b> STREET ADDRESS <b>5872 N.W. 120 AVE.</b> CITY - ST - ZIP <b>CORAL SPRINGS, FL 33076</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Meryl Kathi Levin</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3/2/05</u> Date Daytime Phone #	

**50023081**



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