2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2006 8:00 am **Secretary of State** DOCUMENT # V49066 1. Entity Name 03-23-2006 90020 027 ***150.00 NEW STYLE, INC. Principal Place of Business Mailing Address 80-90 NE 71 ST MIAMI FL 33138 14610 NW 11 CT MIAMLFL 33168 2. Principal Place of Business 80-90 NE. Suite. Apt. #, etc. 3. Mailing Address 1st MOORE CR2E034 (10/05) City & State City & State in the 4. FEI Number Applied For 65-0349975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MOISE, LATINUS Street Address (P.O. Box Number 14610 NW 11 CT. **MIAMI FL 33168** 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: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition MOISE, LATINUS NAME NAME STREET ADDRESS 14610 NW 11TH CT STREET ADDRESS CUTY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TATLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dolete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental region is fue 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 indicated on this report or supplemental report of the corporation or the receiver or trusted if changed, or on an attachment with an action of the corporation of the receiver or trusted in the corporation of the corporati

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