2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90020 027 ***150.00

DOCUMENT # V49066

1. Entity Name

NEW STYLE, INC.

Principal Place of Business	Mailing Address
80-90 NE 71 ST MIAMI FL 33138 US	14610 NW 11 CT MIAMI FL 33168 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
80-90 NE 71 ST.	14610 NW 11 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI FLORIDA
Zip: 33138 Country: DADE	Zip: 33168 Country: DADE

4. FEI Number: 65-0349975 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOISE, LATINUS
14610 NW 11 CT.
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name: NONE

Street Address (P.O. Box Number is Not Acceptable): N/A

City: FL 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: N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOISE, LATINUS 14610 NW 11TH CT MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: LATINUS MOISE 03/14/06 HOME OFFICE 305-688-7278 CELL. PH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #