2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED DOCUMENT # V49066 Apr 13, 2007 08:00 AM Secretary of State 1. Entity Name NEW STYLE, INC. Principal Place of Business Mailing Address 14610 NW 11 CT MIAMI FL 33168 80-90 NE 71 ST MIAMI FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0349975 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOISE, LATINUS Street Address (P.O. Box Number is Not Acceptable) 14610 NW 11 CT. **MIAMI FL 33168** City 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 ME MOISE, LATINUS NAME NAME 14610 NW 11TH CT STREET ADDRESS STREET ADDRESS MIAMLEL. CITY-ST-ZIP C1TY-ST-ZIP Change HHE ☐ Defete Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CUTY - S1 - 71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME__ NAME STREET ADDRESS STREET ADDRESS CITY S1-ZIP CITY-ST-ZIP Delete ☐ Change Addition THE NAME NAME STHEET ADDRESS STRUCT ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I horoby cortify 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 profits true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tracted that I am an officer or director of the corporation or the receiver or tracted to execute this report as required by Chapter 607, Florida Statute.