

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V49066

**Entity Name:** NEW STYLE, INC.

**Current Principal Place of Business:**

80-90 NE 71 ST  
MIAMI, FL 33138

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC2987051577**

**Current Mailing Address:**

14610 NW 11TH CT  
MIAMI, FL 33168 DA

**FEI Number:** 65-0349975

**Certificate of Status Desired:** No

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

MOISE, LATINUS  
14610 NW 11TH CT  
MIAMI, FL 33168 US

*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

**Officer/Director Detail :**

Title D  
Name MOISE, LATINUS  
Address 14610 NW 11 CT  
City-State-Zip: MIAMI FL 33168

Title OF  
Name MOISE, JEAN B  
Address 14175 NW 5TH PLACE  
City-State-Zip: NORTH MIAMI FL 33168

Title OF  
Name MOISE, MADELINE OF  
Address 4546 W. GORE AVE  
City-State-Zip: ORLANDO FL 32811

Title OFFICER  
Name CADETT, MARTHA OF  
Address 1041 NW 146 ST.  
City-State-Zip: MIAMI FL 33168

*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:** LATINUS MOISE

**DIRECTOR**

**04/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date