


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90044 040 ***150.00

DOCUMENT # P02000042115	
1. Entity Name BIKER COUTURE, INC.	

Principal Place of Business 2608-C SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316	Mailing Address 1314 EAST LAS OLAS BLVD., SUITE 700 FT. LAUDERDALE FL 33301
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 2608 South Federal Hwy.	3. Mailing Address 2608 South Federal Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Lauderdale, FL	4. FEI Number 01-0703819	Applied For <input type="checkbox"/> Not Applicable
Zip 33316	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARASH, ERIC J
 2608-C SOUTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
 2608 South Federal Hwy.

City Fort Lauderdale FL Zip Code 33316

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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		<input type="checkbox"/> Delete
TITLE PT	HERNANDEZ, ELIZABETH B	<input type="checkbox"/>
STREET ADDRESS 1449 SE 14TH STREET		
CITY-ST-ZIP FORT LAUDERDALE FL 33316		
TITLE VPS	BARASH, ERIC J	<input type="checkbox"/>
STREET ADDRESS 1449 SE 14TH STREET		
CITY-ST-ZIP FORT LAUDERDALE FL 33316		
TITLE D	AUDET, KATE	<input type="checkbox"/>
STREET ADDRESS 2608-C SOUTH FEDERAL HIGHWAY		
CITY-ST-ZIP FORT LAUDERDALE FL 33316		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:  PRESIDENT Date: 2-7-05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR