2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000021830

1. Entity Name
WILD SIDE TATTOO, INC.

Principal Place of Business	Mailing Address
1805 E SAMPLE ROAD POMPANO BEACH, FL 33064	1805 E SAMPLE ROAD POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

05012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1085816	Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, VALERIE
5182 NE 18TH TERRACE
POMPANO BEACH, FL 33064

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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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HARRISON, VALERIE L
STREET ADDRESS	5182 NORTHEAST 18TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33064

TITLE	
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CITY-ST-ZIP	

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05/25/07-80049-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Valerie L Harrison_   5/1/07   954-785-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #