

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

2. Principal Place of Business

2608 South Federal Hwy.

3. Mailing Address

2608 South Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33316

USA

4. FEI Number

01-0703819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 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

TITLE PT ☐ Delete
NAME HERNANDEZ, ELIZABETH B
STREET ADDRESS 1449 SE 14TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE VPS ☐ Delete
NAME BARASH, ERIC J
STREET ADDRESS 1449 SE 14TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE D ☐ Delete
NAME AUDET, KATE
STREET ADDRESS 2608-C SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

2-7-05