


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90014 023 ***150.00

DOCUMENT # P05000045337	
1. Entity Name PLANET BIKER CUSTOM CLOTHING, INC.	

Principal Place of Business 734 C MAIN STREET DAYTONA BEACH, FL 32118	Mailing Address 2808 OAKLEA DR DAYTONA BEACH, FL 32119
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 315 Wilder Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 110	
City & State		City & State Daytona Beach, FL	
Zip	Country	Zip	Country
		32114	USA

400000000




02232007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2572147		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAYYAT, RAED M 2808 OAKLEA DR DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent Name Yassin Malyana Street Address (P.O. Box Number is Not Acceptable) 315 Wilder Blvd. City Daytona Beach FL Zip Code 32114	
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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:  (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYYAT, RAED M 2808 OAKLEA DR DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Yassin Malyana 315 Wilder Blvd. Daytona Beh, FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE Daytime Phone #