

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90032 036 \*\*\*150.00

**DOCUMENT # P05000128453**

1. Entity Name  
**BYKSTYLZ, INC.**



Principal Place of Business  
**1300 NW 167TH STREET  
SUITE ONE  
MIAMI, FL 33169 US**

Mailing Address  
**1300 NW 167TH STREET  
SUITE ONE  
MIAMI, FL 33169 US**

2. Principal Place of Business - No P.O. Box #  
**4302 Hollywood Blvd**

3. Mailing Address  
**4302 Hollywood Blvd**

Suite, Apt. #, etc.  
**1001**

Suite, Apt. #, etc.  
**1001**

04302007 Chg-P CR2E034 (12/06)

City & State  
**Hollywood, FL**

City & State  
**Hollywood, FL**

4. FEI Number  
**20-3530896**

Applied For  
Not Applicable

Zip  
**33021**

Country  
**USA**

Zip  
**33021**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**KILLIAN, SCOTT SAINT  
18380 NW 8 STREET  
PEMBROKE PINES, FL 33029**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Scott Killian*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BERNIER, TROY P  
1348 WASHINGTON AVE, #301  
MIAMI, FL 33139** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DEBOURG, PHILIP  
1933 ADAMS STREET  
HOLLYWOOD, FL 33020** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
DEBOURG, PHILIP  
1933 ADAMS STREET  
HOLLYWOOD, FL 33020** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BERNIER, TROY P  
1348 WASHINGTON AVE. #301  
MIAMI, FL 33139** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Philip DeBourc* **P. DeBourc** **PRESIDENT** **April 30 2007** **934-924-6023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #