


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90145 026 \*\*\*150.00

**DOCUMENT # P05000154200**

1. Entity Name  
**WILD STYLE USA, INC.**



Principal Place of Business  
**12801 VILLAGE BOULEVARD  
 MADEIRA BEACH, FL 33708**

Mailing Address  
**934 NORTH UNIVERSITY DRIVE  
 SUITE 250  
 CORAL SPRINGS, FL 33071**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**90 S. KRAFT P.A.**  
 Suite, Apt. #, etc.  
**934 N. UNIVERSITY DR #250**

City & State  
**CORAL SPRINGS, FL**

Zip Country  
**33071 USA**

QUOTED



04232006 Chg-P CR2E034 (11/05)

4. FEI Number  
**22-3918272**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name  
**NEIL HAMUY**

Street Address (P.O. Box Number is Not Acceptable)  
**9629 PARKVIEW AVE**

City State Zip Code  
**BOCA RATON FL 33428**

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 Neil Hamuy **NEIL HAMUY** **4-24-06**

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, 2006 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	PSTD HAMUY, NEIL 12801 VILLAGE BOULEVARD MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAFT, STEVEN 12801 VILLAGE BOULEVARD MADEIRA BEACH, FL 33708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Neil Hamuy **NEIL HAMUY** **4/24/06** **561-306-7739**

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