

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 11, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90209 033 \*\*\*150.00

**DOCUMENT # P99000029244**

1. Entity Name  
BYK CO.



Principal Place of Business  
230 174 STREET, #1503  
N. MIAMI BEACH, FL 33160

Mailing Address  
230 174 STREET, #1503  
N. MIAMI BEACH, FL 33160

**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1101933

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BYK, MIKHAIL  
230 174 STREET, #1503  
N. MIAMI BEACH, FL 33160

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 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  
BYK, MIKHAIL  
230-174 STREET, 1503  
N. MIAMI BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Mikhail Byk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/04 305 7050844  
Date Daytime Phone #