

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000154200

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

**Current Principal Place of Business:**

12801 VILLAGE BOULEVARD  
MADEIRA BEACH, FL 33708

**FILED**  
**Apr 06, 2024**  
**Secretary of State**  
**6784200179CC**

**Current Mailing Address:**

C/O S. KRAFT P.A.  
7050 W PALMETTO PARK RD #15-277  
BOCA RATON, FL 33433 US

**FEI Number:** 22-3918272

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMUY, NEIL  
C/O S. KRAFT P.A.  
7050 W PALMETTO PARK RD #15-277  
BOCA RATON, FL 33433 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PSTD  
Name            HAMUY, NEIL  
Address        C/O S. KRAFT P.A.  
                  7050 W PALMETTO PARK RD #15-277  
  
City-State-Zip: BOCA RATON FL 33433

Title            D  
Name            HAMUY, JAMIE  
Address        C/O S. KRAFT P.A.  
                  7050 W PALMETTO PARK RD #15-277  
  
City-State-Zip: BOCA RATON FL 33433

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEIL HAMUY

**04/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date