

**2015 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

**Current Mailing Address:**

C/O S. KRAFT P.A.  
934 NORTH UNIVERSITY DR SUITE 250  
CORAL SPRINGS, FL 33071

**FEI Number:** 22-3918272

**Certificate of Status Desired:** No

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

HAMUY, NEIL  
C/O KRAFT PA-934 N UNIVERSITY DR  
250  
CORAL SRPINGS, FL 33071 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	Title	D
Name	HAMUY, NEIL	Name	HAMUY, JAMIE
Address	C/O KRAFT PA-934 N UNIVERSITY DR #250	Address	C/O KRAFT PA-934 N UNIVERSITYDR #250
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071

*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

**PRES**

**02/21/2015**

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

\_\_\_\_\_  
Date