


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000131635 1. Entity Name MABASA ENTERPRISES, INC.	
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Principal Place of Business 9455 COLLINS AVE., APT. 801 SURFSIDE, FL 33154	Mailing Address 8360 W FLAGLER STREET 200 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



02262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1184643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA-VIDAL, RAOUL 2655 LE JEUNE RD., SUITE 542 CORAL GABLES, FL 33134
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

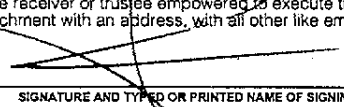
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEYMAN, MIGUEL PEDRO GOYENA 1064, ACASUSO PROVINCIA BUENOS AIRES, ARGENTINA1641.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE HEYMAN, IDA SPOKOJNY PEDRO GOYENA 1064, ACASUSO PROVINCIA BUENOS AIRES, ARGENTINA1641.
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03/02/06-R0048-012 150.00

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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:  _____ (305) 554-7229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #