# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # P04000131635

1. Entity Name
MABASA ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9455 COLLINS AVE., APT. 801<br>SURFSIDE, FL 33154 | 8360 W FLAGLER STREET<br>200<br>MIAMI, FL 33144 |

03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-1184643
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000676715
03/30/07-80072-005 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | HEYMAN, MIGUEL |
| STREET ADDRESS | PEDRO GOYENA 1064, ACASUSO PROVINCIA |
| CITY-ST-ZIP | BUENOS AIRES, ARGENTINA1641, |
| TITLE | D |
| NAME | DE HEYMAN, IDA SPOKOJNY |
| STREET ADDRESS | PEDRO GOYENA 1064, ACASUSO PROVINCIA |
| CITY-ST-ZIP | BUENOS AIRES, ARGENTINA1641, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** _____ 3/9/07 (305)554-7229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #