

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131635

Entity Name: MABASA ENTERPRISES, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

9455 COLLINS AVE., APT. 801
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

8360 W FLAGLER STREET
200
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-1184643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-VIDAL, RAOUL
2655 LE JEUNE RD., SUITE 542
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEYMAN, MIGUEL
Address: PEDRO GOYENA 1064, ACASUSO PROVINCIA
City-St-Zip: BUENOS AIRES, ARGENTINA1641,

Title: D () Delete
Name: DE HEYMAN, IDA SPOKOJNY
Address: PEDRO GOYENA 1064, ACASUSO PROVINCIA
City-St-Zip: BUENOS AIRES, ARGENTINA1641,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIGUEL HEYMAN

MGR

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date