

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 469558

1. Entity Name
BATH ENTERPRISES INCORPORATED



Principal Place of Business
13860 SW 111TH ST
65621
MIAMI, FL 33186-3274

Mailing Address
13860 SW 111TH ST
65621
MIAMI, FL 33186-3274



03012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1577748	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

BASSING, T. J.
13860 SW 111TH ST
MIAMI, FL 33186

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTEVEZ, ESTEBAN 13860 SW 111TH ST MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BASSING, ZULEMA E 13860 SW 111TH ST MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASSING, TJ 13860 SW 111TH ST MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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00000933505
05/22/08-80098-012 150.00

**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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/08 505387-1766