

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90127 042 ***150.00

DOCUMENT # 586422

1. Entity Name
BASIC FOOD INTERNATIONAL, INC.



Principal Place of Business
**2601 E. OAKLAND PK BLVD
SUITE 200
FT. LAUDERDALE, FL 33306**

Mailing Address
**2601 E. OAKLAND PK BLVD
SUITE 200
FT. LAUDERDALE, FL 33306**



2. Principal Place of Business
**901 South Federal Highway
Suite 202
Ft Lauderdale, FL**

3. Mailing Address
**901 South Federal Highway
Suite 202
Ft Lauderdale, FL**

04112006 Chg-P CR2E034 (11/05)

City & State
Ft Lauderdale, FL
Zip
33316
Country
USA

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Ft Lauderdale, FL
Zip
33316
Country
USA

4. FEI Number
59-1903979
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHN P. BAUER
2601 E. OAKLAND PARK BLVD
FT. LAUDERDALE, FL 33306**
**901 South Federal Hwy
33316**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 **John P. Bauer** *[Signature]* **4-12-06**
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **BAUER, JOHN**
STREET ADDRESS **2601 E. OAKLAND PK BLVD**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33306 33316**

TITLE ST ☐ Delete
NAME **BAUER, MIMI**
STREET ADDRESS **2601 E. OAKLAND PK BLVD**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33306 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **John P. Bauer** *[Signature]* **4-12-06 954-467-1700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #