


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90079 043 ***150.00

DOCUMENT # F03000002795	
1. Entity Name BUSINESS ASPIRATIONS INCORPORATED	


Principal Place of Business 208 SE 10TH TERRACE FORT LAUDERDALE, FL 33301	Mailing Address P.O. BOX 2268 FORT LAUDERDALE, FL 33303-2268
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2. Principal Place of Business - No P.O. Box # 1514 NE 7th ST	3. Mailing Address (NO CHANGE)
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Fort Lauderdale, FL	City & State
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Zip 33304	Country	Zip	Country
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01162008	Chg-P CR2E034 (12/06)
4. FEI Number 52-2148333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, LINDA M ESQ. 11900 BISCAYNE BLVD. SUITE 503 MIAMI, FL 33181	
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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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, LINDA M 11900 BISCAYNE BLVD. SUITE 503 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  President & CEO