2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AN Secretary of State

DOCUMENT # H77679 1. Entity Name SYD BASSIK & ASSOCIATES, INC.					Secretary of State	
Principal Place of Business Mailing Address			Ţ. 1 <u> </u>	·	-	
2449 N 37TH AVE HOLLYWOOD, FL 33024		2449 N 37TH AVE HOLLYWOOD, FL 33024				
2. Principal F	Place of Business -	3. Malling Address		م بيدد		
Suite, Apt. #, etc.		Suite, Apt. #, etc			02042005 Chg-P CR2E034 (10/03)	
City & State		City & State			4. FEI Number Applied Not App	
Zip Country		Zip Country		try	5. Certificate of Status Desired S8.75 Additional Fee Required	1
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent	
BASSIK, SYD				Name		
2449 N 37TH AVE HOLLYWOOD, FL 33024				Street Address (P.O. Box Number is Not Acceptable)		
1,022,110	,					
		 		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						
Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstailing) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
TITLE	OFFICERS AND D		11.	, 	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
NAME STREET ADDRESS CITY-ST-ZIP	BASSIK, SYD 2449 N 37TH AVE HOLLYWOOD, FL 33024	☐ Defete	NAME STREE		☐ Change ☐ A	iddition
TITLE		☐ Delete	TITLE		INDOCTORE ☐ Change ☐ A	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS	05/04/05-80101-021 150.00)-
CITY-ST-ZIP	1		1	ST-ZIP		
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TITLE	- P. S.	- Delete	TITLE		☐ Change ☐ A	ddition
NAME STREET ADDRESS			NAME STREE	T ADORESS		
CITY-ST-ZIP		-		ST-ZIP		
TITLE NAME		☐ Delete	TITLE	j.	Change A	ddition
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TITLE NAME	·—-	Defete	TITLE NAME		☐ Change ☐ A	ddition
STREET ADDRESS CITY-ST-ZIP			ľ	T ADDRESS		į
12. I neredy certify that the information supplied with this filing does not quality for the exemption stated in Section 119,07(3)(7). Florida Statutes, I further certify that the information indicated on this report or supplemental report its true and accurate and that my signature shalf have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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.						
SIGNAT	9/18/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Director						
Sto Epsik						