## 2006 FOR PROFIT CORPORATION

## FILED Jan 12, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # J55494 BASCONES ENTERPRISES, INC. Principal Place of Business . Mailing Address 1775 N.W. 70TH AVE. 1775 N.W. 70TH AVE. MIAMI, FL 33126 MIAMI, FL 33126 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2768902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORDONEZ, RAFAEL A. DO NOT WRITE 1775 NW 70TH AVE MIAMI, FL 33126 IN THIS SPACE 3. 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ORDONEZ, RAFAEL A. 1775 NW 70TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE 11000000384011 NAME 01/13/06-80024-010 158.75 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-20P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

his thing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information rue and final my signature shall have the same legal effect as if made under oath, that I am an officer or director vergo to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information of indicated on this report or supplement of the corporation or the repeiver or to changed, or on an attach their with a nied with

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET AUDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayume Phone #