

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091275

Entity Name: B.A.S.H. INVESTMENTS, LLC

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 827052
SOUTH FLORIDA, FL 330827052

New Principal Place of Business:

6213 SW 191TH AVE.
PEMBROKE PINES, FL 33332

Current Mailing Address:

P.O. BOX 827052
SOUTH FLORIDA, FL 330827052

New Mailing Address:

FEI Number: 20-2081234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALTERS, DONALD R
1401 UNIVERSITY DRIVE, SUITE 301
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENRIQUEZ, ROBERT JR
Address: 6213 S.W. 191ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33332

Title: MGR () Delete
Name: JOSE RAMON DIAZ,
Address: 6021 MANCHESTER LANE
City-St-Zip: DAVIE, FL 33331

Title: MGR () Delete
Name: PESANTE, IVAN
Address: 96-21 69TH AVENUE
City-St-Zip: FOREST HILLS, NY 11375

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT HENRIQUEZ, JR

MGR

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date