

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90068 031 \*\*\*150.00

**DOCUMENT # M02084**

1. Entity Name

**BASKETS GALORE, INC.**



Principal Place of Business

5220 NW 72 AVE., #14  
MIAMI FL 33166

Mailing Address

5220 NW 72 AVE., #14  
MIAMI FL 33166

2. Principal Place of Business

7302 N.W. 70 street

Suite, Apt. #, etc.

3. Mailing Address

7302 N.W. 70 street

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)



City & State

Miami FL

City & State

Miami FL

4. FEI Number

59-2422421

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

33166

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, JEFF  
5220 N.W. 72 AVENUE  
#14  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name HERMAN JEFF

Street Address (P.O. Box Number is Not Acceptable)

7302 N.W. 70 street

City

Miami

FL

Zip Code

33166

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HERMAN, JEFF  
STREET ADDRESS 380 S.W. 167 AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33166

TITLE VP ☐ Delete  
NAME HERMAN, DOLORES  
STREET ADDRESS 380 S.W. 167 AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33027

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  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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:

JEFF HERMAN

F. Taylor 305 720 3506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #