2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 Al Secretary of State

ANNUAL REPURI				
DOCUMENT # M04219 1. Entity Name MICHAEL G. BASS, P.A.				
Principal Place of Business	Mailing Address			
C/O MICHAEL G. BASS, ESQUIRE 8900 S.W. 107TH AVE. #206 MIAMI, FL 33176	C/O MICHAEL G. BASS, ESQUIRE 8900 S.W. 107TH AVE. #206 MIAMI, FL 33176			



O NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-2508965 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BASS, MICHAEL G., ESQ. 8900 S.W. 107 AVE. #206 MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		scing \$5.00 May Be Added to Fees	U00000894475 04/24/08-80029-016 150.00		
10.	OFFICERS AND DIREC	TORS		CONTRACTOR OF THE RESTORAGE	
THILE	PSTD				
NAME STREET ADDRESS	BASS, MICHAEL G				
CITY-ST-ZIP	8900 S.W. 107 AVE,#206 MIAMI, FL 33176				
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12. I hereby certify that the information supplied with this filling 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 certify that I am no office or discoura-					

12. Thereby certify that the information supplied with this filling 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 trystee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Purat

V1/08 305-595-936

Daytime Phone #