

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007956

1. Entity Name
B.A.S.S. DYNASTY, INC.



Principal Place of Business
**3750 N.W. 161ST STREET
OPA-LOCKA, FL 33054**

Mailing Address
**3750 N.W. 161ST STREET
OPA-LOCKA, FL 33054**

DO NOT WRITE IN THIS SPACE



07202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
14-1852301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHELTON, BARBARA
3750 N.W. 161ST STREET
OPA-LOCKA, FL 33054**

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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 *Barbara Shelton*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-23-04

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHELTON, BARBARA
STREET ADDRESS	3750 N.W. 161ST STREET
CITY- ST- ZIP	OPA-LOCKA, FL 33054
TITLE	D
NAME	DANIELS, SONJA
STREET ADDRESS	3750 N.W. 161ST STREET
CITY- ST- ZIP	OPA-LOCKA, FL 33054
TITLE	D
NAME	MCDAFFIE, STACEY
STREET ADDRESS	1146 N.E. 209TH TERRACE
CITY- ST- ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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08/26/04-80002-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, 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: *Barbara Shelton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-23-04 305
970-3664**
Date Daytime Phone #