

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007956

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

FILED  
Feb 17, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

2441 NN.W. 175TH TERRACE  
MIAMI, GARDENS, FL 33056

FEI Number: 14-1852301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHELTON, BARBARA  
Address: 3750 N.W. 161ST STREET  
City-St-Zip: OPA-LOCKA, FL 33054

Title: D ( ) Delete  
Name: DANIELS, SONJA  
Address: 3750 N.W. 161ST STREET  
City-St-Zip: OPA-LOCKA, FL 33054

Title: D ( ) Delete  
Name: MCDAFFIE, STACEY  
Address: 1146 N.E. 209TH TERRACE  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONJA T. DANIELS

D

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date