

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90028 033 \*\*\*150.00

<b>DOCUMENT # P01000011174</b>													
<b>1. Entity Name</b> TWELVE BASKETS, INC.													
<b>Principal Place of Business</b> 560 NW 27TH ST MIAMI, FL 33127			<b>Mailing Address</b> 560 NW 27TH ST MIAMI, FL 33127										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-1074400									
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  MIN, PAUL 2899 NW 5TH AVE MIAMI, FL 33127		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> <b>Name</b> Min, Paul                 </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>Street Address (P.O. Box Number is Not Acceptable)</b> </td> </tr> <tr> <td colspan="2" style="padding: 2px;">                 17031 SW 48TH ST             </td> </tr> <tr> <td style="padding: 2px;"> <b>City</b> South West Ranches FL                 </td> <td style="padding: 2px;"> <b>Zip Code</b> 33331                 </td> </tr> </table>				<b>Name</b> Min, Paul		<b>Street Address (P.O. Box Number is Not Acceptable)</b>		17031 SW 48TH ST		<b>City</b> South West Ranches FL	<b>Zip Code</b> 33331
<b>Name</b> Min, Paul													
<b>Street Address (P.O. Box Number is Not Acceptable)</b>													
17031 SW 48TH ST													
<b>City</b> South West Ranches FL	<b>Zip Code</b> 33331												
<b>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.</b>  <table style="width:100%;"> <tr> <td style="width:30%;"> <b>SIGNATURE</b> </td> <td style="width:40%; text-align: center;">                 (NOTE: Registered Agent signature required when reinstating)             </td> <td style="width:30%; text-align: right;"> <b>DATE</b> 7-23-08             </td> </tr> </table>						<b>SIGNATURE</b>	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b> 7-23-08					
<b>SIGNATURE</b>	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b> 7-23-08											
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>										
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> MIN, PAUL 17031 SW 48TH ST FORT LAUDERDALE, FL 33331		<input type="checkbox"/> Delete										
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> JOYCE, MIN 17031 SW 48TH ST FORT LAUDERDALE, FL 33331		<input type="checkbox"/> Delete										
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Delete										
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Delete										
<b>12. I hereby certify that the information supplied with this filing 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 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</b>			<b>SIGNATURE:</b>										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 7-23-08										
Daytime Phone #			Daytime Phone #										

60045368



07262008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

7-23-08