

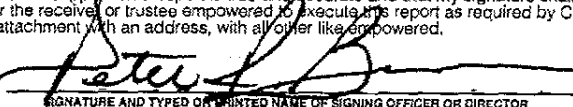


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000107563</b>			
1. Entity Name P.J. BASSO CONSTRUCTION, INC.			
Principal Place of Business 8220 S W 138 AVE MIAMI, FL 33183	Mailing Address 8220 S W 138 AVE MIAMI, FL 33183		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03232004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1152128	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  BASSO, PETER J 8400 S.W. 28TH STREET MIAMI, FL 33155		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		000000115391 04/16/04-80022-013 150.00	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	PD		
NAME	BASSO, PETER J		
STREET ADDRESS	8400 S.W. 28TH STREET		
CITY-STATE-ZIP	MIAMI, FL 33155		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-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: 		MARCH 23, 2004 (305) 962-4182	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	