

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 033 ***150.00

0169040 AV

DOCUMENT # P01000118719

1. Entity Name
A BASKET OF JOY, INC.



Principal Place of Business
150 N.W. 108 TERRACE
15-204
PEMBROKE PINES FL 33026

Mailing Address
150 N.W. 108 TERRACE
15-204
PEMBROKE PINES FL 33026



2. Principal Place of Business
1437 Marseille Court

Suite, Apt. #, etc.
5505

City & State
Weston, Florida

Zip
33326

Country
USA

3. Mailing Address
1437 Marseille Court

Suite, Apt. #, etc.
5505

City & State
Weston, Florida

Zip
33326

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0582368

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MANNY R
150 N.W. 108 TERRACE
15-204
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MANNY R 150 N.W. 108 TERRACE # 15-204 PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pamela Ann Rodriguez 1437 Marseille Court # 5505 Weston, Florida 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Manny Raul Rodriguez 1437 Marseille Court # 5505 Weston, Florida 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Pamela Ann Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03. 9543848511
Date Daytime Phone #

CR2E034 (10/02)