2003 FOR PROFIT CORPORATION

DOCUMENT # P02000020004 1. Entity Name BASSO ENTERPRISES, INC. Principal Place of Business 7153 BASSO LANE ORLANDO FL 32818 ORLANDO FL 32818 ORLANDO FL 32818					Secretary of State 01-22-2003 90152 009 ***150.00			
2. Principal F	Place of Business N. Grange Blasson	3. Mailing Address			- I PARIFERE III DOILE AIRM BRIIN DOIN BRAIN AFI -	 	HATAN BABA 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKII	NG CHANGES		
City & State City & State				4. FEI Number Applied For Not Applicable			-	
7:r#	OY Country	Zip	Country	*	5. Certificate of Status Desired	\$8.75 Add	litional	1
	6. Name and Address of Curre	nt Registered Agent	No		7. Name and Address of New Registere			1
BASSO, CAROL A 7153 BASSO LANE				Name Street Address (P.O. Box Number is Not Acceptable).				
	SO LANE D FL 32818					·		1
·	****		City		F	Zip Code	e	1
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office	e or register	ed agent, or both, in the State of Florida. I are	n familiar with,	and accept	
SIGNATURE :								
Afte	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0	E: Registered Agent s	signature required	9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be I to Fees	
10. Title	OFFICERS AN	ID DIRECTORS	11.	/ V (ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS Change	S IN 11 Addition] {
NAME Street address City-St-Zip	BASSO, CAROL A 7153 BASSO LANE ORLANDO FL 32818	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	13 715 1000	so, water 3 Basso Lane ando 26 32818	Change	Addition	0,004 (40)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRI	Sec. 30 715	Basso watter Ir. 3 Basso Lane	☐ Change	Addition	
TITLE NAME STREET ADDRESS		_ Delete	TITLE NAME STREET ADDRI	Bas		☐ Change	Addition	
CITY-ST-ZIP	,		CITY=ST=ZIP		ando, FL 32x18			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRI	ESS		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRE	ESS		Change	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 outrustee 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 attackment with an address, with all other the empowered.

SIGNATURE: