FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90485 016 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000024447

1. Entity Name
BAZINI CHICK, INC.

40073688

Principal Place of Business	Mailing Address
1000 S. POWERLINE RD., BAY 6 POMPANO BEACH, FL 33069	1000 S. POWERLINE RD., BAY 6 POMPANO BEACH, FL 33069

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8485 NW 136TH AVENUE	8485 NW 136TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL ~~34482-1733~~	City & State: OCALA, FL
Zip: 34482-1733 Country: USA	Zip: 34482-1733 Country: USA

4. FEI Number: 01-0614344 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAZINI, JANET
1000 S. POWERLINE RD., BAY 6
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name: JANET BAZINI
Street Address (P.O. Box Number is Not Acceptable): 8485 NW 136TH AVENUE
City: OCALA FL Zip Code: 34482

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: Janet M. Bazini DATE: 4/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D BAZINI, JANET 1000 S. POWERLINE RD., BAY 6 POMPANO BEACH, FL 33069	☐ Delete	D BAZINI, JANET 8485 N.W. 136th Ave. Ocala, Fl. 34482-1733	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAZINI, JOHN 1000 S. POWERLINE RD., BAY 6 POMPANO BEACH, FL 33069	☐ Delete	D BAZINI, JOHN 8485 N.W. 136th Ave. OCALA, FL. 34482-1733	X☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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: Janet M. Bazini 4/29/05 954-917-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #