

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # R02000128159		
1. Entity Name BASO ORTHOPEDIC CORPORATION		
Principal Place of Business 3327 SW 58TH AVE DAVIE, FL 33314		Mailing Address 3327 SW 58TH AVE DAVIE, FL 33314
DO NOT WRITE IN THIS SPACE		
		
05052004 No Chg-P CR2E034 (10/03)		
4. FEI Number 05-0544776		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SOMARRIBA, BAYARDO 3327 SW 58TH AVE DAVIE, FL 33314		DO NOT WRITE IN THIS SPACE
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: <i>Bayardo Somarriba</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: <i>5-5-04</i>
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000159816 05/11/04-80004-006 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAYNARDO, SOMARRIBA 3327 SW 58TH AVE DAVIE, FL 33314	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Bayardo Somarriba</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>5-5-04</i> (364) 584-9228 <small>Daytime Phone #</small>