

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 025 ***158.75

DOCUMENT # P03000001010 1. Entity Name OFFSHORE ENTERPRISES OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 8799 CORTEZ RD. UNIT C BRADENTON, FL 34210			Mailing Address 3911 BAMBOO TERRACE BRADENTON, FL 34210		
2. Principal Place of Business - No P.O. Box # Same		3. Mailing Address 4407 58th St West			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State Bradenton FL		4. FEI Number 03-0500603	
Zip 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34210		Country Manatee		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COMPTON, JOHN M 1819 MAIN ST. SUITE 610 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name N/A 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete BASERVA, JOSE A 8799 CORTEZ RD BRADENTON, FL 34210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BASERVA, DARLENE M 8799 CORTEZ RD BRADENTON, FL 34210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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:			Jose Baserva 4-6-08 941-795-4898 <small>Date Daytime Phone #</small>		