2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Apr 02, 2007 8:00 am Secretary of State
04-02-2007 90058 009 ***150.00

DOCUMENT # P03000037356 1. Entity Name BASÉ 8, INC. Principal Place of Business Mailing Address 40048140 C/O LAW OFFICES OF SALLY N SAWH, P.A. C/O UNIVERSAL ACCOUNTING & FINANCIAL SERV 1975 E. SUNRISE BLVD STE 400 1054 KANE CONCOURSE BAY HARBOR, FL 33154 FORT LAUDERDALE, FL 33304 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 02122007 CR2E034 (12/06) Applied For City & State City & State 4 FEI Number 05-0561924 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent ZAGO, ANTONIO C/O UNIVERSAL ACCOUNTING & FINANCIAL SERV. Accounting urrise Financial Senv 1975 E. SUNRISE BLVD STE 400 400 FORT LAUDERDALE, FL 33304 IM. City 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, the obligations of registered agent. am familiar with, and accept ed agent and title if applicable 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DELF ☐ Delete TITLE ■ Addition ZAGO, ANTONIO NAME NAME STREET ADDRESS 1054 KANE CONCOURCE STREET ADDRESS CITY-ST-ZIP BAY HARBOR, FL 33154 CITY-ST-ZIP Delete TITLE Addition П Спапое NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

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 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 th an addr Musident

SIGNATURE: