

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90179 017 \*\*\*150.00

<b>DOCUMENT # P03000037356</b>					
<b>1. Entity Name</b> BASE 8, INC.					
<b>Principal Place of Business</b> C/O LAW OFFICES OF SALLY N SAWH, P.A. 1054 KANE CONCOURSE BAY HARBOR, FL 33154			<b>Mailing Address</b> C/O UNIVERSAL ACCT& FINANCIAL SERV 1975 E. SUNRISE BLVD STE 400 FORT LAUDERDALE, FL 33304		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 1975 E. Sunrise Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 609			
City & State		City & State Fort Lauderdale, FL			
Zip	Country	Zip	Country	33304 USA	
<b>4. FEI Number</b> 04292008 Chg-P CR2E034 (12/06)				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> JAIMES, YVETTE C/O UNIVERSAL ACCT. & FINANCIAL SERV. INC. 1975 E. SUNRISE BLVD STE 400 FORT LAUDERDALE, FL 33304			<b>7. Name and Address of New Registered Agent</b> Name: Universal Accounting + Financial Services Inc. Street Address (P.O. Box Number is Not Acceptable): 1975 E. Sunrise Blvd Ste 609 City: Fort Lauderdale FL Zip Code: 33304		
<b>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.</b> SIGNATURE: <u>Yvette Rashid</u> <u>Yvette Rashid</u> <u>4/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAGO, ANTONIO 1054 KANE CONCOURSE BAY HARBOR, FL 33154		<input type="checkbox"/> Delete		
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<b>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.</b>					
SIGNATURE: <u>Antonio Zago</u> <u>Antonio Zago</u> <u>4/29/08</u> <u>954-728-8982</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					