

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089288

Entity Name: BASHKIMI CORPORATION

FILED  
Jun 15, 2009  
Secretary of State

## Current Principal Place of Business:

4640 N. US HIGHWAY 17  
DELEON SPRINGS, FL 32130

## New Principal Place of Business:

## Current Mailing Address:

4640 N. US HIGHWAY 17  
DELEON SPRINGS, FL 32130

## New Mailing Address:

FEI Number: 41-2110899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUZA, BUJAR  
4640 N. US HIGHWAY 17  
DELEON SPRINGS, FL 32130 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete  
Name: BUZA, BUJAR  
Address: 4640 N. US HIGHWAY 17  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: T ( ) Delete  
Name: BUZA, BUJAR  
Address: 4640 N. US HIGHWAY 17  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D ( ) Delete  
Name: MOLLA, AGIM  
Address: C/O BASHKIMI COMPANY, FERRIT XHAJKO, VILLA#  
City-St-Zip: 63/1, TIRANA, ALBANIA, OC

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AGIM MOLLA

D

06/15/2009

Electronic Signature of Signing Officer or Director

Date