

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90036 019 \*\*\*150.00

**DOCUMENT # P03000117269**

1. Entity Name  
**BASIFF INC.**



Principal Place of Business  
**6301 COLLINS AVE APT 2606  
MIAMI BEACH, FL 33141**

Mailing Address  
**6301 COLLINS AVE APT 2606  
MIAMI BEACH, FL 33141**

2. Principal Place of Business

**6301 Collins Ave**

Suite, Apt. #, etc.

**2606**

City & State

**Miami Beach, FL**

Zip

**33141**

Country

**USA**

3. Mailing Address

**6301 Collins Ave**

Suite, Apt. #, etc.

**2606**

City & State

**Miami Beach, FL**

Zip

**33141**

Country

**USA**

04022004

Chg-P

CR2E034 (10/03)

4. FEI Number

**06-171953**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPUZZI, ROBERT  
6301 COLLINS AVE APT 2606  
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
CAPUZZI, ROBERT J  
6301 COLLINS AVE APT 2606  
MIAMI BEACH, FL 33141** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
CLAIR, PATRICIA  
6301 COLLINS AVE APT 2606  
MIAMI BEACH, FL 33141** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*

**PATRICIA CLAIR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/04**

Date

**786-877-5908**

Daytime Phone #