


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90236 023 \*\*\*150.00

<b>DOCUMENT # P04000036170</b> 1. Entity Name <b>BAS CONSTRUCTION, CORP.</b>					
Principal Place of Business <b>4010 SW 1ST AVE. CAPE CORAL, FL 33914</b>			Mailing Address <b>4010 SW 1ST AVE. CAPE CORAL, FL 33914</b>		
2. Principal Place of Business <b>1233 NW 35TH PL</b> Suite, Apt. #, etc.		3. Mailing Address <b>1233 NW 35TH PL.</b> Suite, Apt. #, etc.			
City & State <b>CAPE CORAL, FL</b> Zip <b>33993-9408</b>		City & State <b>CAPE CORAL, FL</b> Zip <b>33993-9408</b>		4. FEI Number <b>20-0811602</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03102006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>ZELAYA, SANDRA J 4010 SW 1ST AVE. CAPE CORAL, FL 33914</b>			7. Name and Address of New Registered Agent Name <b>ZELAYA, SANDRA J</b> Street Address (P.O. Box Number is Not Acceptable) <b>1233 NW 35TH PL</b> City <b>CAPE CORAL, FL 33993-9408</b> <b>FL</b> 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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ZELAYA, SANDRA J 4010 SW 1ST AVE. CAPE CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ZELAYA, SANDRA J 1233 NW 35TH PL CAPE CORAL, FL 33993-9408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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: <u>Sandra J. Zelaya</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/10/06</u>		Daytime Phone # <u>(786) 295-8604</u>

**SANDRA J. ZELAYA**