

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-05-2005 90102 027 ***150.00

DOCUMENT # P04000131635 1. Entity Name MABASA ENTERPRISES, INC.			
Principal Place of Business 9455 COLLINS AVE., APT. 801 SURFSIDE, FL 33154		Mailing Address 9455 COLLINS AVE., APT. 801 SURFSIDE, FL 33154	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8360 W. FLAGLER ST Suite, Apt. #, etc. 200	
City & State MIAMI FL		4. FEI Number 59-1184643	
Zip 33144		Country USA	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARCIA-VIDAL, RAOUL 2655 LE JEUNE RD., SUITE 542 CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete HEYMAN, MIGUEL PEDRO GOYENA 1064, ACASUSO PROVINCIA BUENOS AIRES, ARGENTINA1641.	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete DE HEYMAN, IDA SPOKOJNY PEDRO GOYENA 1064, ACASUSO PROVINCIA BUENOS AIRES, ARGENTINA1641.	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9/6/05 Daytime Phone 554-7228	

66022288

