## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000162583

, Entity Name BASA MARIANA INC.



Mailing Address

4748 SW 72ND AVE MIAM), FL 33155

Principal Place of Business

4748 SW 72ND AVE MIAMI, FL 33155 FILED

2007 JUN -5 AM II: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

4. FEI Number	L	Applied For
20-1951258		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERTO J 4748 SW 72ND AVE MIAMI, FL 33155

## DO NOT WRITE IN THIS SPACE

No Chg-P

03072007

8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	surpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE.	Signature, typed or primaging many of registered agent, and title	A sporting thin ANOTE: Sugarana An		ra required when reinstating)	DATE	
Fil. After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.		\$5.00 Msy Be Added to Fees	DATE	-
10.	OFFICERS AND DIREC	CTORS				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, ROBERTO J 4748 SW 72ND AVE MIAMI, FL 33155			ł ÎE	<b>700104111747</b> 3/08/0701018007 **150	n ha
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	., 65, 61, 61, 61, 61, 61, 61, 61, 61, 61, 61	
TITLE NAME STREET ADDRESS- CITY-ST-ZIP	-		<b>.</b>	DO	NOT WRITE	
TITLE HAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

I hereby certify that the information supplied with this liling 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:

ENGATUME AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

9 10 07 30 740 600 Days Deprine Proper 8