

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90054 045 \*\*\*150.00

DOCUMENT # P05000052122

1. Entity Name

APPLIED BASICS CORPORATION



Principal Place of Business

44 NW 27TH COURT  
MIAMI FL 33125  
US

Mailing Address

44 NW 27TH COURT  
MIAMI FL 33125  
US

2. Principal Place of Business - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 20-2635295

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MARTINEZ, EDGAR A  
44 NW 27TH COURT  
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name CLAUDIO A. MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

44 N.W. 27th COURT

City MIAMI

FL

Zip Code 33125

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MARTINEZ, EDGAR A ☐ Delete  
STREET ADDRESS 44 NW 27TH COURT  
CITY- ST- ZIP MIAMI FL 33125

TITLE VP  
NAME MARTINEZ, CLAUDIA K ☐ Delete  
STREET ADDRESS 44 NW 27TH COURT  
CITY- ST- ZIP MIAMI FL 33125

TITLE TRES  
NAME MARTINEZ, CLAUDIO A ☐ Delete  
STREET ADDRESS 44 NW 27TH COURT  
CITY- ST- ZIP MIAMI FL 33125

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 602, 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

4/29/07 (305) 693-6282