## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P05000150967 BAGNASCO ENTERPRISE CORP. Principal Place of Business Mailing Address 3586 NW 41 ST. 3586 NW 41 ST. #G-701 #G-701 MIAMI, FL 33142 MIAMI, FL 33142 DO NOT WRITE IN THIS SPACE

10.

TITLE

NAME

TOTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 17, 2008 08:00 All Secretary of State



|  |  |       | O4142008 No Chg-P CR2E034 (11/05)  4. FEI Number |      |                      |                                     |  |  |
|--|--|-------|--|------|----------------------|-------------------------------------|--|--|
| 8. The above the obligate SIGNATURE.   | r named entity submits this statement for the prices of registered agent.  Signature typed or printed name of registered agent and title  E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 |       | Agent signature require                          |      | in the State of Flor | rida I am familiar with, and accept |  |  |
| TO. THE NAME STREET ADDRESS CHY-ST-ZIP   | OFFICERS AND DIRECT PSTD BAGNASCO, JUAN C 3586 NW 41 ST. #G-701 MIAMI, FL 33142  | CTORS |  | 1    | U0000<br>04/30/08    | 0902574<br>-80011-014 150.00        |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>THEE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |       |  | DO N | NOT W                | RITE                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP              |  | :     |  | IN T | HIS SP               | ACE                                 |  |  |
| TITLE  |  |       |  |      |                      |                                     |  |  |

12. Thereby certify that the information supplied with this filling 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.

| SI | G | N | Δ. | TΙ | ΙĖ | ₽⋿ | - |
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BAGNASCO JUAN C AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR