2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000074678

1. Entity Name
BASO RESTAURANT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2889 STIRLING ROAD FORT LAUDERDALE, FL 33312 US	2889 STIRLING ROAD FORT LAUDERDALE, FL 33312 US

DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0446462
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOVAY, JERRY
800 CYPRESS GROVE DR
#307
POMPANO BEACH, FL 33069

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U05/21/08-80036-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOLOVAY, JERRY
STREET ADDRESS	800 CYPRESS GROVE DR #307
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	VPD
NAME	SOLOVAY, RUSSELL
STREET ADDRESS	2205 MILL PINE DR
CITY-ST-ZIP	RALEIGH, NC 27614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jerry Solovay 4/29/08 954-970-8410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #