## **2004 FOR PROFIT CORPORATION**

## ANNUAL REPORT (AR) DOCUMENT # P96000050863 1. Entity Name BASIK EXPORTS & IMPORTS, INC.



FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90080 039 \*\*\*150.00

					\$ 600 W	TRUST								
Principal Place of Business Mailing Address														
4007 N CYPRESS DR UNIT 205 POMPANO BCH FL 33069			4007 N CYPRESS DR UNIT 205 POMPANO BCH FL 33069				3404421.							
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2. Principal P	lace of Busine	ess	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORE CR2E034 (11/03)							
City & State			City & State				4. FEI Number 65-0674529 Applied For Not Applicable							
Zip Country			Zip Country  Registered Agent				5. Certificate of Status Desired   \$8.75 Additional Fee Required							
	7. Name and Address of New Registered Agent													
BAKER, LAWRENCE 5671 N.E. 21ST ROAD FT. LAUDERDALE FL 33308						Name								
						Street Address (P.O. Box Number is Not Acceptable)								
				<u> </u>								FL Zip Code		
	named entity ions of registe		or the purpose of changing its	register	ed office or	registered	d agent	, or both, in	the State of	f Florida	a. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed o	or printed name of registered agen	and title if applicable. (NOTI	E: Registere	d Agent signatu	re required w	hen reinsta	uting)			DATE		·	
	ILE NOW!!													
, After Make Check					Campaign and Contrib		ing 🗆		May Be to Fees					
10. COFFICERS AND DIRECTORS 11							ADDIT	IONS/CHA	NGES TO C	OFFICE	RS AND E	DIRECTORS	S IN 11	
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12. I hereby o	certify that the	information supplied wit	h this filing does not qualify fo	r the exe	mption stat	ed in Sect	tion 119	.07(3)(i), Flo	orida Statute	es. I fur	ther certif	y that the in	nformation	

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:** 

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR