

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90179 034 \*\*\*150.00

**DOCUMENT # P97000063031**

1. Entity Name

JODIE BASSICHIS, P.A.



Principal Place of Business

1801 S. PERIMETER ROAD  
SUITE 180  
FT. LAUDERDALE FL 33309

Mailing Address

707 ST. ANDREWS ROAD  
HOLLYWOOD FL 33021



2. Principal Place of Business

2455 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 101

City & State

Hollywood

Zip

33020

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0494466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BASSICHIS, JODIE  
1801 S. PERIMETER ROAD  
SUITE 180  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **BASSICHIS, JODIE**

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

2455 Hollywood Boulevard

Suite 101

City

Hollywood

FL

Zip Code

33020

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

*Jodi Bassichis*

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/20/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME BASSICHIS, JODIE  
STREET ADDRESS 707 ST. ANDREWS ROAD, SUITE 180  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE D ☐ Delete  
NAME BASSICHIS, JODIE  
STREET ADDRESS 707 ST. ANDREWS ROAD, SUITE 180  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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 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:

*Jodi Bassichis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

Date

954-922-4464

Daytime Phone #