

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000021032

1. Entity Name
BASTANZURI CORP.



Principal Place of Business

14950 S.W. 179 AVE
MIAMI, FL 33196

Mailing Address

C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DR. STE 507
MIAMI, FL 33131

FILED
Sep 05, 2008 08:00 AM
Secretary of State



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0823710

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC
601 RICKELL KEY DRIVE, SUITE 507
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BASTANZURI, REMBERTO
STREET ADDRESS 14950 S.W. 179 AVE
CITY-ST-ZIP MIAMI, FL 33196

TITLE DST
NAME BASTANZURI, ROSA
STREET ADDRESS 14950 SW 179 AVE
CITY-ST-ZIP MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000959127
09/05/08-80003-017 558.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Remberto Bastanzuri, President

305-371-9213