## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 16, 2004 08:00 AM Secretary of State **DOCUMENT # P98000069086** BASKAM TRADING CORP. Principal Place of Business Mailing Address 777 N.W.72ND AVE 777 N.W.72ND AVE STE 2AA6 STE 2AA6 MIAMI, FL 33126 MIAMI, FL 33126 04052004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0855943 Not Applicable \$8.75 Additional 3. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALJANDALI, JAMES DO NOT WRITE 777 N.W.72ND AVE STE 2AA6 IN THIS SPACE MIAMI, FL 33126 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, typed or printed name of registered agent and title it applicable DATE (NOTE, Registered Agent signature required when reinstating) \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Acced to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ALJANDALI, JAMES 777 N.W.72ND AVE., #2AA6 STREET ADDRESSS CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIFLE IN THIS SPACE NAME STREET ADDRESS City-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1). 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 eath; 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:

THE MAME STREET ADDRESS City-ST-Zip TITLE NAME STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR