

FEB-19-2008 TUE 11:23 AM

MONEY TRUST

FAX No. 3052212147

P. 001

FILED

Feb 22, 2008 08:00 AM
Secretary of State**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000031100		
1. Entity Name BASS STATION USA, INC.		
Principal Place of Business 18000 NW 27 AVE MIAMI, FL 33056		Mailing Address 18000 NW 27 AVE MIAMI, FL 33056
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0906509		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ASHKENAZI, AVI 7622 NW 19 ST PEMBROOKE, FL 33204		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 file it separately. (NOTE: Registered Agent signature required when retiring) DATE _____		
FILE NOW!!! FEB 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		U000000834467 02/28/08-80054-004.150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP MERINO, MARISOL 15058 SW 67 ST MIRAMAR, FL 33027		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP P ASHKENAZI, AVI 15058 SW 67 AVE MIAMI, FL 33027		
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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, and is otherwise like empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-1808 Date Daytime Phone #