


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90023 041 \*\*\*150.00  
07-09-2008 90022 001 \*\*\*\*61.25

DOCUMENT # <b>P99000044832</b>	
1. Entity Name <b>BASSOTECH, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**40109957**

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box # <b>5034 HINTUS RD</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>SUNRISE, FL</b>		City & State	
Zip <b>33351</b>	Country <b>USA</b>	Zip	Country

4. FEI Number <b>650721362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>STEWART A. MARTIN</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>Livergate Plaza Suite 300, 444 Brickell Avenue</b>	
	City <b>Miami</b>	FL Zip Code <b>33131</b>

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT, CEO ALTAIR DEBITO 5034 HINTUS RD (SUNRISE, FL 33351)</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6.10.08**

Date

**954.5785005**

Daytime Phone #