

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # S22447

1. Entity Name
DENUNZIO & BASS INCENTIVES, INC.



Principal Place of Business
**115 MADEIRA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134 US**

Mailing Address
**115 MADEIRA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134 US**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0241992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DENUNZIO, ART, JR.
115 MADEIRA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134**

**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 restate.)

DATE
02/20/08

**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

02/20/08-80051-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENUNZIO, ART 115 MADEIRA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASS, FLETCHER 115 MADEIRA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DENUNZIO, LISA 115 MADEIRA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

2/6/08

Date

305-445-1922

Daytime Phone #