


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V18743
 1. Entity Name
BASILIO HUNCHAK GOLF SHOP, INC.



Principal Place of Business Mailing Address
 9435 HARDING AVE. 9435 HARDING AVE.
 SURFSIDE, FL 33154 US SURFSIDE, FL 33154 US



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0317963 Not Applicable

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

6. Name and Address of Current Registered Agent
HUNCHACK, MARIA
9435 HARDING AVE.
SURFSIDE, FL 33154

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 _____ DATE _____
* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | P |
| NAME | HUNCHAK, MARIA |
| STREET ADDRESS | 9435 HARDING AVE. |
| CITY-ST-ZIP | SURFSIDE, FL 33154 |
| TITLE | V |
| NAME | HUNCHAK, BASILIO |
| STREET ADDRESS | 9435 HARDING AVE. |
| CITY-ST-ZIP | SURFSIDE, FL 33154 |
| TITLE | T |
| NAME | HUNCHAK, LAURA |
| STREET ADDRESS | 9435 HARDING AVE. |
| CITY-ST-ZIP | SURFSIDE, FL 33154 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 03/03/04-80005-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Maria Hunchack* 2.27.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR