


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90070 008 \*\*\*150.00

DOCUMENT # V18743 1. Entity Name BASILIO HUNCHAK GOLF SHOP, INC.	
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Principal Place of Business 9435 HARDING AVE. SURFSIDE, FL 33154 US	Mailing Address 9435 HARDING AVE. SURFSIDE, FL 33154 US
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0317963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

YHUNCHACK, MARIA  
 9435 HARDING AVE.  
 SURFSIDE, FL 33154

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	P HUNCHAK, MARIA 9435 HARDING AVE. SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNCHAK, BASILIO 9435 HARDING AVE. SURFSIDE, FL 33154 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNCHAK, LAURA 9435 HARDING AVE. SURFSIDE, FL 33154 <i>DELETE</i>
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: *Maria Hunchack* MARIA HUNCHACK 2/10/06 3058673142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #