



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90462 017 \*\*\*150.00

<b>DOCUMENT # P02000116881</b>							
1. Entity Name BBASSI COMMERCIAL CORP.							
Principal Place of Business 201 S ORANGE AVE SUITE 1100 ORLANDO, FL 32801			Mailing Address 201 S ORANGE AVE SUITE 1100 ORLANDO, FL 32801				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>75-3087295</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VAN ALLEN, BRUCE S		NAME				
STREET ADDRESS	32245 EQUESTRIAN TRAIL		STREET ADDRESS				
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MURRER, GREGORY		NAME				
STREET ADDRESS	5 POWDERHOUSE LN.		STREET ADDRESS				
CITY-ST-ZIP	BOXFORD, MA 01921		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FRESE, ROBERT P		NAME	TREASURER ROBERT P. FRESE			
STREET ADDRESS	1125 LAKE SHADOW CIR 5-202		STREET ADDRESS	1221 VIA DEL MAR			
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	WINTER PARK, FL 32783			
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GOLDSTEIN, JOSEPH I		NAME				
STREET ADDRESS	9169 BAY HILL BLVD		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VAN ALLEN, BRUCE S		NAME				
STREET ADDRESS	32245 EQUESTRIA TRAIL		STREET ADDRESS				
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Joseph I. Goldstein		Secretary			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			
		4/24/05					



04252005 Chg-P CR2E034 (10/03)