


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000116881

1. Entity Name
BBASSI COMMERCIAL CORP.



Principal Place of Business Mailing Address

201 S ORANGE AVE SUITE 1100 **201 S ORANGE AVE SUITE 1100**
ORLANDO, FL 32801 **ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
75-3087295 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 reinstating)

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 VAN ALLEN, BRUCE S 32245 EQUESTRIAN TRAIL SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRER, GREGORY 5 POWDERHOUSE LN. BOXFORD, MA 01921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRESE, ROBERT P 1221 VIA DEL MAR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOLDSTEIN, JOSEPH I 9169 BAY HILL BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ALLEN, BRUCE S 32245 EQUESTRIA TRAIL SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/16/06-80020-001 150.00

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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: _____ **Joseph I Goldstein** 4-26-06 407-648-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #