


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 639733 1. Entity Name BI-SQUARE, INC.	
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Principal Place of Business 435 S. COUNTRY CLUB BLVD. BOCA RATON, FL 33487	Mailing Address 435 S. COUNTRY CLUB BLVD. BOCA RATON, FL 33487
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02032006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-1939242	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GASPARRI, ANGELO S.
435 COUNTRY CLUB BLVD.
BOCA RATON, FL 33487

**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 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	D BENSON, BARBARA 6483 W TORRINGTON CT. CRYSTAL RIVER, FL 344299386
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GASPARRI, ANGELO 435 S. COUNTRY CLUB BLVD. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, JEAN 30 HALLOCK RD. EAST QUOGUE, NY 11942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000467878
03/24/06-80008-011 150.00

**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

312-06 561 997-9060
Date Daytime Phone #