

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F31495

Entity Name: B & A ASSOCIATES, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2953 W CYPRESS CREEK RD. #101  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

2953 W CYPRESS CREEK RD #101  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 59-2089889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PASSARIELLO, JOHN  
2953 W CYPRESS CREEK RD #101  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOSKOWITZ, WILLIAM  
Address: 19 CAPRINGTON ROAD  
City-St-Zip: HENDERSON, NV 89052

Title: STD  
Name: MOSKOWITZ, ARLENE  
Address: 19 CAPRINGTON ROAD  
City-St-Zip: HENDERSON, NV 89052

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARLENE MOSKOWITZ

STD

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date