



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000069308 1. Entity Name BW US 1, INC.		
Principal Place of Business 849 20TH ST. VERO BCH, FL 32960		Mailing Address 849 20TH ST. VERO BCH, FL 32960
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARKETT, BRUCE 756 BEACHLAND BLVD. VERO BCH, FL 32963		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 reinstalling) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	BIANCHI, BEATRICE	
STREET ADDRESS	899 20TH STREET	
CITY - ST - ZIP	VERO BEACH, FL 32960	
TITLE	VD	
NAME	BIANCHI, FRANCO	
STREET ADDRESS	849 20TH STREET	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	VERO BEACH, FL 32960	
TITLE	VST	
NAME	NOVAK, DAVID	
STREET ADDRESS	849 20TH STREET	
CITY - ST - ZIP	VERO BEACH, FL 32960	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: 		1/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3661735

Applied For
Not Applicable

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

100000382444
01/12/06-80010-025 150.00