

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000110597

Entity Name: BAST ASSOCIATES, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1810 18TH LANE  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

1810 18TH LANE  
GREENACRES, FL 33463

**New Mailing Address:**

FEI Number: 65-1058340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOZZI, ANTONIO  
1810 18TH LANE  
GREENACRES, FL 33463 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: PSD  
Name: TOZZI, ANTONIO MR  
Address: 1810 18TH LANE  
City-St-Zip: GREENACRES, FL 33463

Title: VPD  
Name: TOZZI, BRUNA T MRS  
Address: 1810 18TH LANE  
City-St-Zip: GREENACRES, FL 33463

Title: D  
Name: TOZZI, STEFANO T  
Address: 1810 18TH LANE  
City-St-Zip: GREENACRES, FL 33463

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: ANTONIO TOZZI

PSD

03/15/2011

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

\_\_\_\_\_  
Date