

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 8:00 am
Secretary of State

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05-03-2007 90087 001 ***211.25

DOCUMENT # P06000066434 1. Entity Name BVAW ENTERPRISES, INC			
Principal Place of Business 3275 W HILLSBORO BLVD SUITE 207 DEERFIELD BEACH, FL 33442		Mailing Address 3275 W HILLSBORO BLVD SUITE 207 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business, No P.O. Box 3058 NW 72ND AVE Suite, Apt. #, etc.		3. Mailing Address 3058 NW 72ND AVE Suite, Apt. #, etc.	
City & State Margate, FL Zip 33063		City & State Margate, FL Zip 33063	
Country Howard		Country Howard	
4. FEI Number 03-0401038		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTIDORT, VIANA 3275 W HILLSBORO BLVD SUITE 207 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Altidort Viana Street Address (P.O. Box Number is Not Acceptable) 3275 W. Hillsboro Blvd Suite 207 City Deerfield Beach FL Zip Code 33063	
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 Viana Altidort DATE 4/28/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ALTIDORT, VIANA 3275 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Wesley Altidort 3058 NW 72ND AVE Margate, FL 33063 UP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Viana Altidort DATE 4/28/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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