

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P26848**

1. Entity Name  
BASSENIAN/LAGONI ARCHITECTS, INC.



Principal Place of Business  
2031 ORCHARD DRIVE  
SUITE 100  
NEWPORT BEACH, CA 92660 US

Mailing Address  
2031 ORCHARD DRIVE  
SUITE 100  
NEWPORT BEACH, CA 92660 US



02172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-3398546

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME BASSENIAN, ARAM  
STREET ADDRESS 2031 ORCHARD DRIVE #100  
CITY-ST-ZIP NEWPORT BEACH, CA

TITLE P  
NAME LAGONI, CARL  
STREET ADDRESS 2031 ORCHARD DRIVE #100  
CITY-ST-ZIP NEWPORT BEACH, CA

TITLE VM  
NAME ROGALINER, LEE  
STREET ADDRESS 2031 ORCHARD DRIVE #100  
CITY-ST-ZIP NEWPORT BEACH, CA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000274407  
03/24/05-80009-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

3/10/05 (949) 553-9100