

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000004165

1. Entity Name
BW TREASURE INC.



Principal Place of Business
849 20TH ST
VERO BEACH, FL 32960

Mailing Address
849 20TH ST
VERO BEACH, FL 32960



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2634930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BIANCHI, FRANCO
STREET ADDRESS	849 20TH ST
CITY-ST-ZIP	VERO BEACH, FL
TITLE	PD
NAME	BIANCHI, BEATRICE W
STREET ADDRESS	849 20TH ST
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VPST
NAME	NOVAK, DAVID
STREET ADDRESS	849 20TH ST
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/06-80010-024 150.00

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IN THIS SPACE**

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: *David Novak* 1/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #