

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
-Secretary of State

DOCUMENT# P99000098591	
1. Entity Name BWA-1-A, INC.	

Principal Place of Business 849 20 STREET VERO BEACH, FL 32960	Mailing Address 849 20 STREET VERO BEACH, FL 32960
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DO NOT WRITE IN THIS SPACE



01052004 NoChg-P CR2E034(10/03)

4. FE Number 65-0960710	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARKETT, BRUCE 756 BEACHLAND BLVD VERO BEACH, FL 32963

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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's signature required when _____)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BIANCHI, BEATRICE 849 20 TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BIANCHI, FRANCO 849 20 TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST NOVAK, DAVID 849 20 TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 supplement 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: 	1/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone#