2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT# P99000098591

1. Entity Name
BWA-1-A,INC.

Principal Place of Business	Mailing Address
849 20 STREET VERO BEACH, FL 32960	849 20 STREET VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

01042005 NoChg-P CR2E034(10/03)

4. FEI 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
756BEACHLANDBLVD
VEROBEACH,FL32963

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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 re Instating) 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

000000176521
01/10/05-80094-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIANCHI,BEATRICE
STREET ADDRESS	84920THSTREET
CITY-ST-ZIP	VEROBEACH,FL32960
TITLE	VD
NAME	BIANCHI,FRANCO
STREET ADDRESS	84920THSTREET
CITY-ST-ZIP	VEROBEACH,FL32960
TITLE	VST
NAME	NOVAK,DAVID
STREET ADDRESS	84920THSTREET
CITY-ST-ZIP	VEROBEACH,FL32960
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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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: David Novak 1/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #