

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000098591**

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



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

Mailing Address  
849 20 STREET  
VERO BEACH, FL 32960



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
756 BEACHLAND BLVD  
VERO BEACH, FL 32963

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BIANCHI, BEATRICE  
STREET ADDRESS 849 20TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VD  
NAME BIANCHI, FRANCO  
STREET ADDRESS 849 20TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VST  
NAME NOVAK, DAVID  
STREET ADDRESS 849 20TH STREET  
CITY-ST-ZIP 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

000000578366  
01/09/07-80026-010 150.00

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Novak

Date

1/5/07

Daytime Phone #

778-5100