


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # G22518
 1. Entity Name
BALBOA AND SONS, INC.



Principal Place of Business Mailing Address
10726 S.W. 190 ST. **10726 S.W. 190 ST.**
MIAMI, FL 33157 **MIAMI, FL 33157**

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2251693 Not Applicable

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

6. Name and Address of Current Registered Agent
BALBOA, NELSON
10726 S.W. 190 ST.
MIAMI, FL 33157

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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**

1100000122975
 04/21/04-80052-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALBOA, NELSON
STREET ADDRESS	12685 SW 190 TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	BALBOA, LILLIAN
STREET ADDRESS	12685 SW 190 TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	BALBOA, MICHAEL
STREET ADDRESS	12685 SW 190
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	BALBOA, ANNETTE
STREET ADDRESS	12685 SW 190TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33177
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)(f), 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: *Lillian Balboa* 4/16/04 (305) 2330210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #