

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90306 044 ***158.75

DOCUMENT # H68462

1. Entity Name
BALCO CONSTRUCTION AND DEVELOPMENT, INC.



Principal Place of Business Mailing Address

1079 SW 135TH PLACE 1079 SW 135TH PLACE
 MIAMI FL 33184 MIAMI FL 33184
 US US



2. Principal Place of Business 3. Mailing Address

5900 SW 127 AV 5900 SW 127 AV
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #3413 #3413

1st MOORE CR2E034 (10/05)

City & State City & State

MIAMI, FL MIAMI, FL

4. FEI Number Applied For

59-2559960 Not Applicable

Zip Country Zip Country

33183 USA 33183 USA

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

6. Name and Address of Current Registered Agent

BALSINDE, SERGIO A.
 1079 SW 135TH PLACE
 MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 5900 SW 127 AV
 #3413

City State Zip Code

MIAMI FL 33183

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

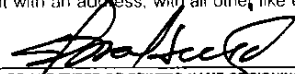
10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | BALSINDE, SERGIO A. | |
| STREET ADDRESS | 1079 SW 135 PL | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BALSINDE, OLIVIA | |
| STREET ADDRESS | 1079 SW 135 PL | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 5900 SW 127 AV #3413 | |
| CITY-ST-ZIP | MIAMI, FL 33183 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 5900 SW 127 AV #3413 | |
| CITY-ST-ZIP | MIAMI, FL 33183 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/5/2006 (305) 380-8960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SERGIO A. BALSINDE, PRESIDENT