

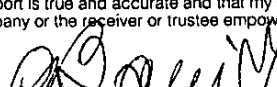


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:29

DOCUMENT # L05000015239				STATE OF FLORIDA DIVISION OF CORPORATIONS	
1. Entity Name BALAR ENTERPRISES LLC		06 APR -7 AM 9:29			
Principal Place of Business 8638 E ESCONDIDO WAY BOCA RATON, FL 33433 US		Mailing Address 8638 E ESCONDIDO WAY BOCA RATON, FL 33433 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEL SOLAR, GUILLERMO 600 PARKVIEW DR APT 517 HALLANDALE, FL 33009				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL SOLAR, GUILLERMO 600 PARKVIEW DR APT 517 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2020 N.E. 135th St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition APT. 303 - NORTH MIAMI, FL 33181		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRIOS, DANIEL H 1965 S OCEAN DR STE 15-H HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8638 ESCONDIDO WAY EAST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL SOLAR, MARIA P 3040 NE 190TH ST APT 215 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800070436338 04/14/06--01022--014 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRIOS, MANUEL A 2781 NE 165TH TERRACE NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8638 ESCONDIDO WAY E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  03/18/06 SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					