


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000120157

1. Entity Name
BALCAL PROFESSIONAL SERVICE, INC.



Principal Place of Business
1110 N.E. 100TH STREET
MIAMI, FL 33138

Mailing Address
1110 N.E. 100TH STREET
MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3722269 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BALCAZAR ROMERO, GUSTAUO A
1110 NE 100TH ST
MIAMI, FL 33138

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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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALCAZAR ROMERO, GUSTAVO A
STREET ADDRESS	1110 N.E. 100TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	VD
NAME	CALDAS ECHEVERRY, ANA P
STREET ADDRESS	1110 N.E. 100TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	SD
NAME	CALDAS, MARIA FERNANDA
STREET ADDRESS	1110 N.E. 100TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UN00000134973
 04/28/04-80041-012 150.00

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 reports 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 another like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____