

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91472 033 ***150.00

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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

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
**E & V GREAT PROFESSIONAL, INC.
6216 SW. 8TH ST
MIAMI FL 33144**

7. Name and Address of New Registered Agent
Name **GUSTAVO A. BALCAZAR ROMERO**
Street Address (P.O. Box Number is Not Acceptable)
1110 N.E. 100TH ST.
City **MIAMI** FL Zip Code **33138**

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]* DATE **April 22/03**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME BALCAZAR ROMERO, GUSTAVO A	
STREET ADDRESS 1110 N.E. 100TH STREET	
CITY-ST-ZIP MIAMI FL 33138	
TITLE VD	<input type="checkbox"/> Delete
NAME CALDAS ECHEVERRY, ANA P	
STREET ADDRESS 1110 N.E. 100TH STREET	
CITY-ST-ZIP MIAMI FL 33138	
TITLE SD	<input type="checkbox"/> Delete
NAME CALDAS, MARIA FERNANDA	
STREET ADDRESS 1110 N.E. 100TH STREET	
CITY-ST-ZIP MIAMI FL 33138	
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 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	
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 exemption stated in Section 119.07(3)(i), 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 those empowered.

SIGNATURE: *[Signature]* DATE **April 22/03** 786 210 6595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)