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MAME OF SIGNING OFFICER OF DIRECTOR

## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **Secretary of State DOCUMENT # P04000070388** 02-14-2005 90077 041 \*\*\*150.00 1. Entity Name CARLOS J. BALLBE, P.A. Malling Address Principal Place of Business 66004873 2201 WEST PROSPECT ROAD 2201 WEST PROSPECT ROAD SUITE 100 SUITE 100 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02042005 4. FEI Number 42 City & State City & State Applied For -2050081 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALLBE, CARLOS J Street Address (P.O. Box Number is Not Acceptable) 2201 WEST PROSPECT ROAD SUITE 100 FORT LAUDERDALE, FL 33309 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, typed or printed name of registered agent and title if applic (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!!" FEE IS \$150.00\ After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Defete ☐ Addition BALLBE, CARLOS J NAME NAME STREET ADDRESS 2201 WEST PROSPECT ROAD SUITE 100 STREET ADDRESS. FORT LAUDERDALE, FL 33309 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - 51 - 71P CITY-ST-ZEP me ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-7P Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Deleta ☐ Change ■ Addition TITLE NAME ' NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling 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 repert is fue 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 received 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.

FILED Mar 14, 2005 8:00 am