

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90208 042 ***150.00

DOCUMENT # P96000062679

1. Entity Name
 BALCAR CORPORATION



Principal Place of Business Mailing Address

7801 CORAL WAY 7801 CORAL WAY
 SUITE 131 SUITE 131
 MIAMI, FL 33155 MIAMI, FL 33155



2. Principal Place of Business 3. Mailing Address

687E 9ST *687E 9ST*

Suite, Apt. #, etc. Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State City & State

MIAMI FL *MIAMI FL*

Zip Country Zip Country

33010 *DADE* *33010* *DADE*

4. FEI Number Applied For

65-0687240 Not Applicable

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

6. Name and Address of Current Registered Agent

CARRAZ, JUAN CARLOS
 15103 S.W. 63 TERRACE
 MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name *AMADOR REYES JR*

Street Address (P.O. Box Number is Not Acceptable)
18325 SW 83rd

City & State Zip Code

VILLAGE OF PALMETTO LAKES FL *33157*

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: *Amador Reyes Jr* *305-863-0033* *4/27/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

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	VD	<input checked="" type="checkbox"/> Delete
NAME	GONNELLI, RAUL A	
STREET ADDRESS	13704 S.W. 51 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REYES, AMADOR JR	
STREET ADDRESS	7801 CORAL WAY, STE. 131	
CITY-ST-ZIP	MIAMI, FL 33155	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>REYES AMADOR JR</i>	
STREET ADDRESS	<i>18325 SW 83rd</i>	
CITY-ST-ZIP	<i>VILLAGE OF PALMETTO LAKES FL 33157</i>	
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 like empowered.

SIGNATURE: *Amador Reyes Jr* *4/27/04* *305 863 0033*

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