2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 263111

Entity Name: BALMAR REALTY CORPORATION

FILED May 01, 2008 Secretary of State

	D/ (LIVI) (IV	TREACT COR CRAMOR		
Current Principal Place of Business:			New Principal Place of Business:	
989 ILEX \ TALLAHA	WAY SSEE, FL 323	12 US		
Current Mailing Address:			New Mailing Address:	
PO BOX 1 TALLAHA	0171 SSEE, FL 323	02		
FEI Number	: 59-1025154	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
989 ILEX \	MARK ESQ WAY SSEE, FL 323	12 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
		03(2)(b), F.S., the corporation did n	ot receive the prior notice.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (FREUND, MAR 989 ILEX WAY TALLAHASSEE	•	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD (FREUND, MUR 5740 SW 17TH PLANTATION,	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD (FREUND, ALAI 1101 NW 7TH BOCA RATON,	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	FREUND, BRU 511 SW 18TH		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK FREUND PD 05/01/2008

FREUND, ALBERT J

5740 SW 17TH STREET

PLANTATION, FL 33317

Name:

Address:

City-St-Zip: