

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 587085**

1. Entity Name  
**VICTOR BALLESTAS, INC.**



Principal Place of Business  
**500 NW 24TH ST  
MIAMI, FL 33127**

Mailing Address  
**500 NW 24TH ST  
MIAMI, FL 33127**



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1901793**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BALLESTAS, VICTOR  
500 N.W. 24TH STREET  
MIAMI, FL 33127**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

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          | PD                     |
| NAME           | BALLESTAS, VICTOR      |
| STREET ADDRESS | 500 N.W. 24 STREET     |
| CITY-ST-ZIP    | MIAMI, FL 33127        |
| TITLE          | DVS                    |
| NAME           | BALLESTAS, IVETTE      |
| STREET ADDRESS | 500 N.W. 24 STREET     |
| CITY-ST-ZIP    | MIAMI, FL 33127        |
| TITLE          | D                      |
| NAME           | BALLESTAS, LOREN Y     |
| STREET ADDRESS | 500 NW 24TH ST         |
| CITY-ST-ZIP    | MIAMI, FL 33127        |
| TITLE          | D                      |
| NAME           | BALLESTAS, IVONNE H    |
| STREET ADDRESS | 500 NW 24TH ST         |
| CITY-ST-ZIP    | MIAMI, FL 33127        |
| TITLE          | D                      |
| NAME           | BALLESTAS, VENESSA     |
| STREET ADDRESS | 500 NW 24TH ST         |
| CITY-ST-ZIP    | MIAMI, FL 33127        |
| TITLE          | D                      |
| NAME           | BALLESTAS, VICTOR M JR |
| STREET ADDRESS | 500 N.W. 24 STREET     |
| CITY-ST-ZIP    | MIAMI, FL 33127        |

**DO NOT WRITE  
IN THIS SPACE**

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03/01/04-80020-024 150.00

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 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 answers.

**SIGNATURE:**

*Victor Ballestas, T.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #