

**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 N W 24TH ST  
MIAMI, FL 33127

Mailing Address  
500 N W 24TH ST  
MIAMI, FL 33127



02102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1901793

Applied For  
Not Applicable

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

**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 reinstating)

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

U00000063701  
03/01/04-80020-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 answers.

SIGNATURE: *Victor Ballestas, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #