



FILED  
Jun 13, 2005 08:00 AM  
Secretary of State

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 587085</b> 1. Entity Name <b>VICTOR BALLESTAS, INC.</b>			
Principal Place of Business <b>500 N W 24TH ST MIAMI, FL 33127</b>		Mailing Address <b>500 N W 24TH ST MIAMI, FL 33127</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		05032005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-1901793</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BALLESTAS, VICTOR 500 N.W. 24TH STREET MIAMI, FL 33127</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when no installing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLESTAS, VICTOR 500 N.W. 24 STREET MIAMI, FL 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BALLESTAS, IVETTE 500 N.W. 24 STREET MIAMI, FL 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTAS, LOREN Y 500 NW 24TH ST MIAMI, FL 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTAS, IVONNE H 500 NW 24TH ST MIAMI, FL 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTAS, VENESSA 500 NW 24TH ST MIAMI, FL 33127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTAS, VICTOR M JR 500 N.W. 24 STREET MIAMI, FL 33127		
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 the address, with all other like empowered.			
<b>SIGNATURE:</b> <i>Victor Ballestas</i>		5/1/05 305 576-3203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	