



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 587941		
1. Entity Name BALASSA LABORATORIES, INC		
Principal Place of Business 509 HERBERT ST UNIT 2A PORT ORANGE, FL 32129-3829		Mailing Address P. O. BOX 291161 PORT ORANGE, FL 32129-1161 US
DO NOT WRITE IN THIS SPACE		 01172005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1854689 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DIGAETANO, NICHOLAS A. 3 OCEANS WEST BLVD APT. 4C5 DAYTONA BEACH SHORES, FL 32118		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	DI GAETANO, NICHOLAS A.	
STREET ADDRESS	3 OCEANS WEST BLVD., APT. 4C5	
CITY - ST - ZIP	DAYTONA BCH SHRS, FL	
TITLE	S	
NAME	DI GAETANO, ANNE L.	
STREET ADDRESS	3 OCEANS WEST BLVD SPT 4C5	
CITY - ST - ZIP	DAYTONA BCH SHRS, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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)(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 empowered.		
SIGNATURE: <i>Nicholas A. Di Gaetano Sr</i> NICHOLAS A. DIGAETANO		Date: 1/20/05 386-761-8039
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>