

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90025 038 ***158.75



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
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/07)

4. FEI Number 59-1854689		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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		7. Name and Address of New Registered Agent Name: NICHOLAS A DIGAETANO APT Street Address (P.O. Box Number is Not Acceptable): 3311 S. ATLANTIC AVE 503 City: DAYTONA BEACH SHORES FL Zip Code: 32118

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DI GAETANO, NICHOLAS A.		NAME	
STREET ADDRESS 3 OCEANS WEST BLVD., APT. 4C5		STREET ADDRESS 3311 S. ATLANTIC AVE APT 503	
CITY-ST-ZIP DAYTONA BCH SHRS FL		CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118	
TITLE S	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DI GAETANO, ANNE L.		NAME	
STREET ADDRESS 3 OCEANS WEST BLVD SPT 4C5		STREET ADDRESS 3311 S. ATLANTIC AVE APT 503	
CITY-ST-ZIP DAYTONA BCH SHRS FL		CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Nicholas A Di Gaetano 3/3/08 386-761-8039
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation