2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State

DOCUMENT # F05000004592 1. Entity Name BALSU USA, INC.									05-08-2	006 90299	'010 ***	150.00
Principal Place of Business 1160 KANE CONCOURSE #403 BAY HARBOR ISLANDS, FL 33154			1	Mailing Address 1160 KANE CONCOURSE #403 BAY HARBOR ISLANDS, FL 33154								
Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				05022006	Chg-P	CR2E0	34 (11/05)	
City & State				Cily & State				4. FEI Numb 22-331			<u> </u>	plied For _ ot Applicable
Zip	Zip Country			Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
		and Address of Cur	gistered Agent Name			7. Name and Address of New Registered Agent						
AZZAOUI, KARIM 1160 KANE CONCOURSE #403 BAY HARBOR ISLANDS, FL 33154					Street Address (P.O. Box Number is Not Acceptable)							
			\bigcap			City				FL	Zip Code	
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	il applicable. NO	TE: Registere	ed Agent signature re	equired	when reinstating)	· ·	DATE				
FILE NOWIII FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Trust Fund Contrib								.00 May Be ed to Fees	In accordance corporation di	with s. 607. d not receive	193(2)(b), the prior r	F.S., the notice.
10. OFFICERS AND DIRECTORS								ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	ZAPSU, CUNEYD N 1160 KANE CONCOURSE #403 S					.E AE EET ADDRESS 1-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VPD ZAPSU, A 1160 KAN	·	403	☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			□ Delete				 			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition i
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		j					Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 truttee 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 laddress, with all other like empowered.												