

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000408

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: BALATE INTERNATIONAL LIMITED, INC.

## Current Principal Place of Business:

200 INDUSTRIAL DR BOX 2  
ISLAMORADA, FL 33036

## New Principal Place of Business:

## Current Mailing Address:

200 INDUSTRIAL DR BOX 2  
ISLAMORADA, FL 33036

## New Mailing Address:

FEI Number: 98-0166193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI  
1500 MIAMI CTR  
201 S BISCAYNE BLVD  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OLCHOWIK, DIANE  
Address: COMPASS POINT BLVD , 9 BERMUDIANA RD  
City-St-Zip: HAMILTON, HM

Title: D ( ) Delete  
Name: COY LIMITED,  
Address: ARAWAK CHAMBERS, RD TOWN, TORTOLA  
City-St-Zip: BRITISH VIRGIN ISLDS,

Title: T ( ) Delete  
Name: PRIBYL, DEBRA  
Address: 200 INDUSTRIAL DRIVE BOX 2  
City-St-Zip: ISLAMORADA, FL 33036

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA PRIBYL

T

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date