


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # G05828</b>                  |  |
| 1. Entity Name<br>UNIT 16K BALMORAL, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>ONE S.E. THIRD AVENUE<br>SUITE 2130<br>MIAMI, FL 33131 | Mailing Address<br>ONE S.E. THIRD AVENUE<br>SUITE 2130<br>MIAMI, FL 33131 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>65-0125327                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION, A FLORIDA CORP  
ONE S.E. THIRD AVENUE  
STE 2130  
MIAMI, FL 33131

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000106002  
04/07/04-80049-007 150.00

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PT<br>JACKSON, CARLA<br>ONE SOUTHEAST THIRD AVE, STE 2130<br>MIAMI, FL 33131  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VS<br>CALVERT, YVONNE<br>ONE SOUTHEAST THIRD AVE, STE 2130<br>MIAMI, FL 33131 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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IN THIS SPACE**

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: Carla Jackson Carla Jackson 4/2/04 305-377-9353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #