

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # H51484

1. Entity Name

BALBOA CORP.



**FILED
Apr 09, 2004 8:00 am
Secretary of State**

04-09-2004 90080 027 ***150.00

Principal Place of Business
2600 SOUTH OCEAN BLVD
APT. 18D
BOCA RATON FL 33432-8341

Mailing Address
2600 SOUTH OCEAN BLVD
APT. 18D
BOCA RATON FL 33432-8341

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

WEISS, HOWARD M.
796 F CAVALIER DRIVE
INDIALANTIC FL 32903

ADDRESS CHANGE ONLY →

4. FEI Number **65-2314261** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

752 DEL MAR CIR.
City **WEST MELBOURNE FL** Zip Code **32904**

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

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 P Delete
NAME LAROSE, NICOLE MIRON
STREET ADDRESS 2600 S OCEAN BLVD #18D
CITY-ST-ZIP BOCA RATON FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS

TITLE Change Addition
NAME
STREET ADDRESS

CITY-ST-ZIP
TITLE Delete
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TITLE Change Addition
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)(i), 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: *Nicole Doxim Larose NICOLE MIRON LAROSE* **04/06/04 561-391-5343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #