2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE: \_

## Apr 10, 2006 8:00 am Secretary of State DOCUMENT # H68462 t. Entity Name 04-10-2006 90306 044 \*\*\*158.75 BALCO CONSTRUCTION AND DEVELOPMENT, INC. Principal Place of Business Mailing Address 1079 SW 135TH PLACE MIAMI FL 33184 1079 SW 135TH PLACE MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address 5900 SW 127 AV 5900 SW 127 AV Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) # 3413 Applied For City & State 59-2559960 Not Applicable HIAMI, MIAHI. FL Country USA \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required USA 33183 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALSINDE, SERGIO A. Street Address (P.O. Box Number is Not Acceptable) 1079 SW 135TH PLACE **MIAMI FL 33184** Zip Code MIAMI 33/83 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. DATE Signature, typed or printed name of reqistered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition HILE PTD ☐ Delete TITLE NAME BALSINDE, SERGIO A. NAME 5900 SW 127 AV #3413 STREET ADDRESS 1079 SW 135 PL STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP Change Addition TITLE SD ☐ Delete TITLE NAME BALSINDE, OLIVIA NAME 5900 SW 127 AV # 3413 STREET ADDRESS 1079 SW 135 PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33184** □-<del>Del</del>ute JUL. Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition Change ☐ Delete HIG NAME STREET ADDRESS STREET ADDRESS City-St-7(P CITY-S1-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 Thereby certify that the monthation supplied with this limit does not qualify to the exemption 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.

SIGNING OFFICER OF DIRECTOR MSINDE, PRESIDENT FILED

4/5-/2006 (305)380-8960 Date: Dayters Phone #