


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90189 022 \*\*\*158.75

<b>DOCUMENT # H68462</b> 1. Entity Name <b>BALCO CONSTRUCTION AND DEVELOPMENT, INC.</b>			
Principal Place of Business <b>5900 SW 127TH AVE # 3413 MIAMI FL 33183 US</b>		Mailing Address <b>5900 SW 127TH AVE # 3413 MIAMI FL 33183 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5700 SW 127 AVE</b>		3. Mailing Address <b>5700 SW 127 AVE</b>	
Suite, Apt. #, etc. <b>SUITE #1201</b>		Suite, Apt. #, etc. <b>SUITE #1201</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33183</b>		Zip <b>33183</b>	
Country <b>DADE</b>		Country <b>DADE</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BALSINDE, SERGIO A. 5900 SW 127TH AVE # 3413 MIAMI FL 33183</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>5700 SW 127 AVE</b> <b>#1201</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33183</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BALSINDE, SERGIO A 5900 SW 127TH AVE, # 3413 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5700 SW 127 AVE #1201 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BALSINDE, OLIVIA 1079 SW 135 PL MIAMI FL 33184	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5700 SW 127 AVE #1201 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	TITLE NAME STREET ADDRESS CITY - ST - 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2007 (305) 330-8960  
Date Daytime Phone #