


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # J86096
 1. Entity Name
BALLEROY INTERNATIONAL, INC.



Principal Place of Business Mailing Address
8033 N.W. 36TH STREET, SUITE 440 **8033 N.W. 36TH STREET, SUITE 440**
MIAMI, FL 33166 **MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2834556 Not Applicable

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

6. Name and Address of Current Registered Agent
ISICOFF, ERIC D., ESQ.
1101 BRICKELL AVENUE
SUITE 704
MIAMI, FL 33131

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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 _____ (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

U00000046639
 02/12/04-80008-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIBADENEIRA, DIEGO 8033 N.W. 36TH STREET, SUITE 440 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENENDEZ, GEORGINA 8033 NW 36TH ST STE 440 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIBADENEIRA, DANIELA 8033 NW 36TH STREET SUITE 440 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, PRISCILLA F 8033 NW 36TH STREET SUITE 440 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ Date: **2/15/04** Daytime Phone #: **(305) 597-9044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR