

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90018 003 ***150.00

DOCUMENT # J86096

1. Entity Name
BALLEROY INTERNATIONAL, INC.



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

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

40022062



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2834556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISICOFF, ERIC D., ESQ.
1101 BRICKELL AVENUE
SUITE 800 SOUTH TOWER
MIAMI, FL 33131**

Name

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

1200 BRICKELL AVENUE

SUITE 1900

City
MIAMI,

FL

Zip Code
33131

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RIBADENEIRA, DIEGO**
STREET ADDRESS **8033 N.W. 36TH STREET, SUITE 440**
CITY-ST-ZIP **MIAMI, FL**

TITLE **V** ☐ Delete
NAME **MENENDEZ, GEORGINA**
STREET ADDRESS **8033 NW 36TH ST STE 440**
CITY-ST-ZIP **MIAMI, FL**

TITLE **V** ☐ Delete
NAME **RIBADENEIRA, DANIELA**
STREET ADDRESS **8033 NW 36TH STREET SUITE 440**
CITY-ST-ZIP **MIAMI, FL**

TITLE **ST** ☐ Delete
NAME **GARCIA, PRISCILLA F**
STREET ADDRESS **8033 NW 36TH STREET SUITE 440**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 exemptions contained in Chapter 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:

Priscilla F. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Priscilla F. Garcia

Date

(305) 597-9044

Daytime Phone #