

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90101 030 ***150.00



DOCUMENT # K65226
1. Entity Name
BALLARINI INDUSTRIES, INC.

Principal Place of Business
**4760 N.W. 128TH STREET ROAD
MIAMI, FL 33054**

Mailing Address
**4760 N.W. 128TH STREET ROAD
MIAMI, FL 33054**

60005555



2. Principal Place of Business - No P.O. Box #
2111 W. 73 STREET

3. Mailing Address
2111 W. 73 STREET

Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State
HAIAEAH FL.

City & State
HAIAEAH FL.

Zip
33016

Country
USA

Zip
33016

Country
USA

4. FEI Number
65-0207699

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BALLARINI, FRANCO
4760 N.W. 128TH STREET ROAD
MIAMI, FL 33054**

7. Name and Address of New Registered Agent
Name **BALLARINI, FRANCO**
Street Address (P.O. Box Number is Not Acceptable)
2111 W. 73 STREET
City **HAIAEAH FL** Zip Code **33016**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BALLARINI, FRANCO 4760 N.W. 128TH STREET ROAD MIAMI, FL 33054 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ORTEGA, ELDA 4760 N.W. 128TH STREET ROAD MIAMI, FL 33054 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2111 W. 73 STREET HAIAEAH, FL. 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2111 W. 73 STREET HAIAEAH, FL. 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: FRANCO BALLARINI 1/15/06 (305) 823-0960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #