FOR PROFIT CORPORATION ON UNIFORM BUSINESS REPORT (UBR)

		1E33 NEFU	טן וחי	DK		, ==** ==		
DOCUMENT # M70018						FILED		
Balla Enterprises, Inc. DO NOT WRITE IN THIS SI				PACE		O3 SEP 3.0 AM : SECRETARY OF STATE FALLA HASSES FLORIDA		
								1 at 1
Principal Place of Business 215 Bayside Drive		3. Mailing Address 215 Bayside Drive				400023443944 09/30/0301044003 **155.00		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State Clearwater, FL		City & State Clearwater. FL			-	4. FEI Number 592892071	Applied For	
^{Zip} 33767	Country Pinellas	33767	Cou Pine				\$8.75 Additional Fee Required	
as Martinatus -	د د د د د این این این این در این د در این	talandik se kasa saka s		Name		7. Name and Address of Current Registered	Agent	
	DO NOT WRITE Street Address					Shemzi		
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)				
				215 Bayside Drive				
79 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				City Clearwater FL Zip Code 33767				
the obliga	e named entity submits this statement tions of registered agent.	For the purpose of changi	ng its register	ed office d	r registered	d agent or both, in the State of Florida. Lam f	anstarwith unit accord	
**						- /	_	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and utle if applicable.	(NOTE: Hegistere	сі Адела відиа	ture required wi	then reinstaling) DATE	03	
	nuary 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department			٠.		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.		ID DIRECTORS	I.					
NAME	P/T/S		Tiffel				,	
STREET ADDRESS	Balla, Shemzi		NAM stee	E et address				
C!TY-ST-ZIP	215 Bayside Drive, Clear	water, FL 33767		-ST-ZIP				
TITLE			TIŢĻĒ					
NAME STREET ADDRESS			NAM				1 . N . m	
CITY-ST-ZIP		•	•	et address -st-zip	ļ			
TITLE	•		TETLE				,	
NAME	The Transport Comment of the same		NAMI			en de la companya de La companya de la co		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	DO NOT WRITE			
TITLE		· · · · · · · · · · · · · · · · · · ·	TITLE	,		IN THIS COAC	\ E	
NAME . STREET ADDRESS			NAME	NAME STREET ADDRESS		IN THIS SPACE		
CITY-SI-ZIP				ST-ZIP				
TITLE		-	. TITLE		,			
NAME CIDECT ADDRESS			, NAME				_	
STREET ADDRESS				1 ADDRESS ST-ZIP			A STORY	
TITLE ! :	F		TITLE					
NAME	Marian Baring San	•	NAME	.* :				
STREET ADDRESS		•		T ADDRESS-	: '	A Company of the Company	and the second second	
CITY-ST-ZIP			CITÝ-	ST-ZIP	1		A ANALYSIS	

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: __

SIGNATURE AND TYPED ON FRUNTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03 (727/743-31/2 Dark Darker Print # Shemzi Balla 215 Bayside Drive Clearwater, FL 33767 Ph: 727-743-3112

September 26, 2003

State of Florida Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Balla Enterprises, Inc, Document #M70018

To Whom it May Concern:

Enclosed is the Uniform Business Report to reinstate the above referenced corporation. My address has changed and I did not receive the renewal form. Therefore, please waive the reinstatement fee. Enclosed is \$155. check for the renewal fee and Campaign Financing Trust.

Should you have any questions, do not hesitate to contact me.

Sincerely,

Shemzi Balla