2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # . M90532

BALLOON BAZAAR, INC.

Principal Place of Business



Apr 14, 2003 8:00 am Secretary of State **FILED**

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Surie, Act. #, etc. Surie, Act. #, etc. City & State Country Zip Country S. Certificate of Status Desired FELEPPA, DIANN 1312 S.W. 7TH ST. FT. LAUDERDALE FL 33312 City City FL Zip Code 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 accet the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE Now. SIRET AUDRESS CITY-S1-ZP TILE Now. SIRET AUDRESS CITY-S1-ZP CITY-S1-ZP CITY-S1-ZP Additional Fee Required As a feet in Making CHANGES CITY-S1-ZP Country S. Certificate of Status Desired Same and Address of New Registered Agent North Acceptable) Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) DATE Street Address (PO. Box Number is Not Acceptable) DATE Street Address (PO. Box Number is Not Acceptable) DATE ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 11. Change Addit Make SIRET AUDRESS CITY-S1-ZP Additional Tee Required As a feet Audress (PO. Box Number is Not Acceptable) Street Audress (PO. Box Number is Not Acceptable) DATE A. FELL NUMBER (PO. Box Number is Not Acceptable) DATE A. FELL NUMBER (PO. Box Number is Not Acceptable) DATE A. FELL NUMBER (PO. Box Number is Not Acceptable) DATE A. FELL NUMBER (PO. Box Number is Not Accepta	% DIANN FELL 722 N. ANDRE FT. LAUDERDA	WS AVE.		% diann feleppa 722 n. andrews ave. Ft. Lauderdale FL 3331	11								
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STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12. I hereby 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	CITY-ST-ZIP				CITY	/-ST-ZIP	····						

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 thay my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a Mother like empowered. TICHUIMEN **SIGNATURE:**

954.514