NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000000158

1. Entity Name
BALMORAL ESTATES HOMEOWNERS ASSOCIATION INC.

FILED
05 FEB 14 PM 12: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business		3. Mailing Address	
8105 NW 2nd STREET		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FLORIDA		City & State	
Zip: 33126	Country: U.S.A.	Zip	Country

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4/14/04 90083 2004 $61.25

4. FEI Number — [X] Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: ROBERT WAYNE ESQ

Street Address (P.O. Box Number is Not Acceptable): 1225 SW 87 AVENUE

City: MIAMI FL Zip Code: 33174

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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

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable): ROBERT WAYNE (NOTE: Registered Agent signature required when reinstating) — JANUARY 4, 2005 DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	LISBETH MESA
STREET ADDRESS	8105 NW 2ND STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DIRECTOR
NAME	ANTONIO N. GARCIA
STREET ADDRESS	8105 NW 2ND STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DIRECTOR
NAME	CARLOS GARCIA
STREET ADDRESS	8105 NW 2ND STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000047310970
02/25/05--01048--021 **105.00
000047310970
02/25/05--01048--022 **131.25

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CR2E037B (12/01)

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 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZBETH MESA (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — JANUARY 4, 2004 (Date) — 305-804-3435 (Daytime Phone #)