

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91797 021 ****61.25

0079447

DOCUMENT # N99000003369

1. Entity Name
BALERE, INC.



Principal Place of Business
**11371 SW 176TH STREET
MIAMI FL 33157**

Mailing Address
**P.O. BOX 570075
MIAMI FL 33257**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
P.O. Box 570075

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami FLORIDA

City & State

4. FEI Number **22-3671250**

Applied For
 Not Applicable

Zip **33257** Country

Zip Country

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

6. Name and Address of Current Registered Agent
**LEROY, DOMINIQUE M
169 EAST FLAGLER STREET
STE. #1428-29
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **MARLON A HILL**

Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue Suite 950

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 *Marlon Hill* DATE **4/17/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	ANASTACIA MALIK, ROCKA	
STREET ADDRESS	11371 SW 176TH ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	COLLINGWOOD, DIANA	
STREET ADDRESS	17840 SW 112TH PL.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLOYD, TRAVIS MICHAEL	
STREET ADDRESS	10765 SW 173RD TER.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FLOYD, ROTUNDA LAKISA	
STREET ADDRESS	10765 SW 173RD TER.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, CAIPHUS	
STREET ADDRESS	25800 INDUSTRIAL BLVD. #9358	
CITY-ST-ZIP	HAYWARD CA 94545	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURE, BOCAR BIRU	
STREET ADDRESS	401 SOUTH 12TH STREET	
CITY-ST-ZIP	ARLINGTON VA 22202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4.30.03** **(805) 232-9797**

CR2E037 (10/02)