

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000030680

1. Entity Name
ALL BALLOON CREATIONS INC.



Principal Place of Business
**1523 NW 89 COURT
MIAMI, FL 33172**

Mailing Address
**1523 NW 89 COURT
MIAMI, FL 33172**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0994000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KLEIN, MICHAEL L
1523 NW 89 COURT
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLEIN, VIVIAN I
STREET ADDRESS	1523 NW 89 COURT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VD
NAME	ESCAURIZA, ENRIQUE L
STREET ADDRESS	1523 NW 89 COURT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	SD
NAME	ESCAURIZA, GRISEL E
STREET ADDRESS	1523 NW 89 COURT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	TD
NAME	KLEIN, MICHAEL L
STREET ADDRESS	1523 NW 89 COURT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/05-80051-001 150.00

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 1b) or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Michael Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 3054772320
Date Filing Phone #