

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000063275

1. Entity Name  
BALBINO INVESTMENTS, INC.



Principal Place of Business  
8991 NW 173RD TERRACE  
MIAMI, FL 33018

Mailing Address  
8991 NW 173RD TERRACE  
MIAMI, FL 33018

**FILED**  
04 APR - 22 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1021090

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ACOSTA, LYDIA  
8991 NW 173RD TERRACE  
MIAMI, FL 33018

**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

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
ACOSTA, LYDIA  
8991 NW 173RD TERRACE  
MIAMI, FL 33018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
ACOSTA, ANTONIO  
8991 NW 173RD TERRACE  
MIAMI, FL 33018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800036279428  
05/13/04--01084--015 \*\*250.00

**DO NOT WRITE  
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #