


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1021090	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/18/06-80002-023 50.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 persons empowered.

SIGNATURE: Lydia Acosta 1/9/06 305/345 307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #