
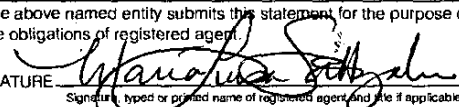
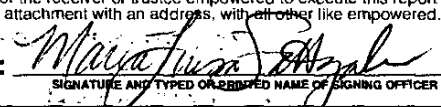


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90020 025 ***150.00

DOCUMENT # P00000072403			
1. Entity Name BALTASAR LAKESIDE CENTER, INC.			
Principal Place of Business 251 MAITLAND AVE STE 307 B ALTAMONTE SPRINGS, FL 32701		Mailing Address 251 MAITLAND AVE STE 307 B ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business 1573 WEST FAIRBANKS AVE Suite, Apt. #, etc. Suite 200 City & State WINTER PARK, FLORIDA Zip 32789 Country U.S.A.		3. Mailing Address 1573 West Fairbanks Ave Suite, Apt. #, etc. Suite 200 City & State WINTER PARK, FL Zip 32789 Country U.S.A.	
4. FEI Number 59-3661432		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 PINO, MARIA LUISA 251 MAITLAND AVE STE 307 B ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name SATTIZAHN, MARIA LUISA Street Address (P.O. Box Number is Not Acceptable) 215 QUAYSIDE CIRCLE City MAITLAND FL Zip Code 32751	
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:  DATE: 4/10/2004 <small>Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINO Y TORRES, JOSE L MD 702 FAIR OAKS LANE MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINO, MARIA LUISA 215 QUAYSIDE CIRCLE MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SATTIZAHN, MARIA LUISA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/10/2004 Daytime Phone #: 407-629-8487	

54032876



04022004 Chg-P CR2E034 (10/03)