2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P00000098582 1. Entity Name LAS TUNAS BALCON DE ORIENTE CORP.					04-30-2007 90463 025 ***150.00				
Principal Place	e of Business	Mailing Address		,					
395 EAST 1ST AVENUE		395 EAST 1ST AVENUE							
HIALEAH, FL 33010		HIALEAH, FL 33010							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			HI 91111 9111 6111 6111 611		II i elii iilii iii	<u>ka) ia 1888</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132007	Chg-P	CR2E03	34 (12/06)	
City & State		City & State		4. FEI Number 65-10479	915			plied For t Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of	Status Desired		8.75 Addi ee Required	
	6. Name and Address of Curren	Registered Agent			7. Name and A	ddress of New R	egistered A	gent	
SARDUY, FE			Name						
6020 N.W. 110TH TERRACE HIALEAH, FL 33012				Street Address (P.O. Box Number is Not Acceptable)					
								T = 0 1	
			City			FL	Zip Code		
	named entity submits this statement lions of registered agent.	or the purpose of changing its	register	red office or registe	red agent, or both	, in the State of Flo	orida. I am fi	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registere	ed Agent signature require	d when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai		incing \$5	.00 May Be ded to Fees		,		
10.	OFFICERS ANI		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND		
TITLE	PVSD SARDUY, FE	☐ Delete	TITL					☐ Change	Addition
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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 like empowered.

SIGNATURE

ME OF SIGNING OFFICER OR DIRECTOR

4/17/05 (305) 342-9139
