

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000000952

1. Entity Name
MARY M. BALTHAZAR, INC.



Principal Place of Business
**1572 NE 151 TERRACE
N MIAMI BEACH, FL 33162**

Mailing Address
**1572 NE 151 TERRACE
N MIAMI BEACH, FL 33162**

U000000476815
04/06/06-80027-005 150.00



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1068925

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BALTHAZAR, MARY M
1572 NE 151 TERRACE
N MIAMI BEACH, FL 33162**

**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 title if applicable

(NOTE: Registered Agent signature required when resigning)

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
**D
BALTHAZAR, MARY M
1572 NE 151 TERRACE
N MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

Mary M Balthazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 305-947-3942
Date Daytime Phone #