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2004 FOR PROFIT CORPORATION ANNUAL REPORT

66430163

04232004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000036333

1. Entity Name
BALENO ENTRPRISES, INC.

Principal Place of Business	Mailing Address
6963 NW 82ND AVENUE MIAMI, FL 33166	6963 NW 82ND AVENUE MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
169 E FLAGLER	169 E. FLAGLER
Suite, Apt. #, etc. # 1543	Suite, Apt. #, etc. # 1543
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 65-1097231 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACHTA, ELIAS A 6963 NW 82ND AVENUE MIAMI, FL 33166	Name ARAUZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 1255 NW 25 St #300 City MIAMI FL Zip Code 33122

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHTA, ELIAS A 6963 NW 82ND AVENUE MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHTA ELIAS 169 E. FLAGLER # 1543 MIAMI, FL. 33131. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: MACHTA ELIAS 05/28/04 305 357-8043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #