

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

05 SEP -7 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000046850</b> 1. Entity Name <b>BALLADARES ENTERPRISES, INC.</b>					
Principal Place of Business <b>8161 NW 60 ST. MIAMI, FL 33166</b>			Mailing Address <b>8161 NW 60 ST. 306 MIAMI, FL 33166</b>		
2. Principal Place of Business <b>8287 NW 56 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>8287 NW 56 ST</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>04-3591005</b>	
Zip <b>33166</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ALEXANDER, BRAD 155 S. MIAMI AVE. PHE 1 MIAMI, FL 33130</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BALLADARES, JULIO A 6955 NW 77 AVE MIAMI, FL 33166</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200059753292 09/20/05--01003--015 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BALLADARES, XAVIER E 6955 NW 77 AVE MIAMI, FL 33166</b> <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	<b>S BALLADARES, NORMAN 6955 NW 77 AVE MIAMI, FL 33166</b> <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 <b>K. Bokal SEP 7 2005</b>	
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	
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.					
<b>SIGNATURE:</b> <u>XAVIER E BALLADARES</u> <b>VP</b> <u>9/6/05</u> <u>470-253</u> SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					