

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90100 032 ***150.00

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1. Entity Name
BALSAMO STUDIO, INC.



Principal Place of Business

**880 E COCO PLUM CIRCLE
PLANTATION, FL 33324**

Mailing Address

**880 E COCO PLUM CIRCLE
PLANTATION, FL 33324**

60037819



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1129744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEEDLE, JEFFREY J ESQ
JEFFREY J. NEEDLE, P.A.
5310 N.W. 33RD AVE STE 101
FT LAUDERDALE, FL 33309**

**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 reinstating)

DATE

4/30/06

**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	PST
NAME	BALSAMO, HARRY
STREET ADDRESS	3812 S.W. 53RD COURT
CITY - ST - ZIP	FT LAUDERDALE, FL 33312
TITLE	S
NAME	BALSAMO, KAREN
STREET ADDRESS	3812 S.W. 53RD COURT
CITY - ST - ZIP	FT LAUDERDALE, FL 33312
TITLE	PST
NAME	BALSAMO HARRY
STREET ADDRESS	880 E COCO PLUM CIR
CITY - ST - ZIP	PLANTATION FL 33324
TITLE	S
NAME	BALSAMO KAREN
STREET ADDRESS	880 E COCO PLUM CIR
CITY - ST - ZIP	PLANTATION FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #