

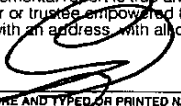


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90772 001 ***600.00

DOCUMENT # P02000024192 1. Entity Name CINCO-BAL PROPERTY CORP.					
Principal Place of Business 102 N SWINTON AVENUE DELRAY BEACH, FL 33444			Mailing Address 102 N SWINTON AVENUE DELRAY BEACH, FL 33444		
2. Principal Place of Business 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860		3. Mailing Address 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860			
4. FEI Number 30-0060131		Applied For <input type="checkbox"/> Not Applicable		04112005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BALESTRIERI, EDIE A 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444			
7. Name and Address of New Registered Agent Name Edie A. Balestrieri S 4700 NW Boca Raton Blvd. (eptable) Suite 104 Boca Raton, FL 33431-4860 City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP BALESTRIERI, EDIE A 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Edie A. Balestrieri 4700 NW Boca Raton Blvd., Ste. 104 Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALESTRIERI, LEOPOLD 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leopold Balestrieri 4700 NW Boca Raton Boulevard, Ste. 104 Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 another like empowered.					
SIGNATURE:  Leopold Balestrieri, Pres 4/19/05 561-762-8249 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					