2004 FOR PROFIT CORPORATION

FILED Apr 28, 2004 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P02000055153 JOE BALSAMO ENTERPRISES, INC. Principal Place of Business Mailing Address 3907 NW 22 ST 3907 NW 22 ST COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 No Chg-P CR2E034 (10/03) 02192004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0605536 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BALSAMO, JOE 3907 NW 22 ST COCONUT CREEK, FL 33066 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, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent argneture required when reinstating) \$5.00 May Be U00000135468 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 04/28/04-80061-025 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE BALSAMO, JOE NAME STREET ADDRESS 3907 NW 22 ST. COCONUT CREEK, FL 33066 CRY-ST-ZIP TITLE NAME STREET ASSURESS CITY-ST-782 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 cliractor 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 given like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OF DIRECTOR