


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90376 021 ***150.00

DOCUMENT # P02000055153 1. Filing Name JOE BALSAMO ENTERPRISES, INC.					
Principal Place of Business 3907 NW 22 ST COCONUT CREEK, FL 33066			Mailing Address 3907 NW 22 ST COCONUT CREEK, FL 33066		
2. Principal Office Address Suite, Apt., etc. 		3. Mailing Address Suite, Apt., etc. 		04112006 Chg-P CR2E034 (11/05)	
City & State 		City & State 		4. FEI Number 02-0605536	
Zip 		Zip 		Country 	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BALSAMO, JOE 3907 NW 22 ST COCONUT CREEK, FL 33066				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above information is true and correct 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 responsibility for, this statement.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILING FEE IS \$150.00 After Nov. 1, 2006 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-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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12. The above information is true and correct for the purpose of this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 and am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changing the registered office or registered agent, with all other fee empowered.					
SIGNATURE _____ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-21-06		
			Daytime Phone # 1-954-347-6741		