
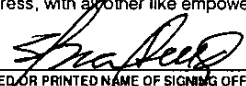


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90064 041 ***158.65

DOCUMENT # P02000102234					
1. Entity Name BALCO REALTY, INC.					
Principal Place of Business 1079 SW 135TH PLACE MIAMI FL 33184			Mailing Address 1079 SW 135TH PLACE MIAMI FL 33184		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0835659	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BALSINDE, SERGIO A 1079 SW 135TH PLACE MIAMI FL 33184			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D BALSINDE, SERGIO A <input type="checkbox"/> Delete		TITLE	PVT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	BALSINDE, SERGIO A.	
STREET ADDRESS	1079 SW 135TH PLACE		STREET ADDRESS	1079 SW 135TH PLACE	
CITY-ST-ZIP	MIAMI FL 33184		CITY-ST-ZIP	MIAMI, FL 33184	
TITLE			TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BALSINDE, OLIVIA	
STREET ADDRESS			STREET ADDRESS	1079 SW 135TH PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33184	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: 			4-25-05 705-222-1659		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

400 775 10



1st MOORE CR2E034 (10/04)