

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-10-2006 90306 043 ***158.75

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

2945 N.E. 3 ST

Suite, Apt. #, etc.

#103

City & State

OCALA, FL

Zip

34470

Country

USA

3. Mailing Address

5900 SW 127 AV

Suite, Apt. #, etc.

#3413

City & State

MIAMI, FL 33183

Zip

33183

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

55-0835659

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALSINDE, SERGIO A
1079 SW 135TH PLACE
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5900 SW 127 AV

#3413

City

MIAMI

FL

Zip Code

33183

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PVTD | <input type="checkbox"/> Delete |
| NAME | BALSINDE, SERGIO A | |
| STREET ADDRESS | 1079 SW 135TH PLACE | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | BALSINDE, OLIVIA | |
| STREET ADDRESS | 1079 SW 135TH PLACE | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | PVTSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BALSINDE, SERGIO A. | |
| STREET ADDRESS | 5900 SW 127 AV #3413 | |
| CITY-ST-ZIP | MIAMI, FL 33183 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SERGIO A. BALSINDE, PRESIDENT

4/5/2006 (305) 380-8960

Daytime Phone #