2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # P02000102234** 04-18-2008 90032 022 ***158.75 1. Entity Name BALCO REALTY, INC. Principal Place of Business Mailing Address 400 (ross 2945 N.E. 3RD ST 5900 S.W. 127TH AVE SUFFE 103 **SUITE 1201** OCALA, FL 34470 MIAMI, FL 33183 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5700 SW 187 AVE 3501 NE 10 ST Suite, Apt. #, etc Suite, Apt. #, etc. 04042008 CR2E034 (12/06) Cha-P APT. #1201 City & State Applied For 4. FEI Number City & State OCALA MIAHI 55-0835659 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 33183 U5 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALSINDE, SERGIO A Street Address (P.O. Box Number is Not Acceptable) 5900 S.W. 127TH AVE 5700 SW 127 AVE **SUITE 1201** MIAMI, FL 33183 APT # 1201 Zip Code 33/ 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS.\$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MLE PV/TD MILE ☐ Change Addition ☐ Delete BALSINDE, SERGIO A NAME NAME 5700 SW 127 AVE SUITE 1201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP ☐ Addition THE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ΠRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

FILED