## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P02000116443 1. Entity Name 04-03-2006 90396 020 \*\*\*150.00 LDV BALLA INC. Principal Place of Business Mailing Address 2180 SE LETHA COURT 2180 SE LETHA COURT 50007857 STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business 3. Mailing Address 9409 US HWY19 # CC17 9244 GLEN MOOR LN Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E034 (11/05) Chg-P City & State Pi CHE City & State PT RICHE 4. FFI Number Applied For ŦL 17 11-3761536 Not Applicable Country Country \$8.75 Additional 34668 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LASZLO BALLA LASZLO, BALLA Street Address (P.O. Box Number is Not Acceptable) 1935 ADAMS ST HOLLYWOOD, FL 33020 9144 GLEN MOOR LN Zip Code 34668 RICHE FL 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 Fjorida. I am/amiliar 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BALLA LASZLO BALLA LASZLO THEY TE 34668 TITLE □ Delete TITLE Change ☐ Addition BALLA, LASZLO NAME NAME 1936 ADAMS ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-7IP VΡ Delete TITLE TITLE ☐ Change ☐ Addition BALLA DORA BALLA, DORA NAME 9244 GLEN HOOR LN STREET ADDRESS 2180 SE LETHA COURT STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP RICHEY 7L 34668 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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**