

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000010629	
1. Entity Name BALESTRIERI PAINTING, INC.	



FILED

04 AUG -2 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1864 NW 74TH WAY PEMBROKE PINES, FL 33024	Mailing Address 1864 NW 74TH WAY PEMBROKE PINES, FL 33024
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2. Principal Place of Business 1864 NW 75 WAY Suite, Apt. #, etc.	3. Mailing Address 1864 NW 75 WAY Suite, Apt. #, etc.
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07202004 Chg-P CR2E034 (10/03)

City & State Pembroke Pines FL	City & State Pembroke Pines, FL	4. FEI Number 01-0765840	Applied For Not Applicable
Zip 33024	Country U.S.	Zip 33024	Country US
6. Name and Address of Current Registered Agent BALESTRIERI, FRANK 1864 NW 74TH WAY PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name BALESTRIERI FRANK Street Address (P.O. Box Number is Not Acceptable) 1864 NW 75 WAY City Pembroke Pines FL Zip Code 33024	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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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 \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BALESTRIERI, FRANK PRES 1864 N W 75 WAY PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRY BALESTRIERI-V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10073 NW 5th ST HAMATION, FL 33324 V.P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100039837061 08/03/04--01040--007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank Balestrieri Frank Balestrieri Pines 7/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #