2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

with all other like empowered.

Jan 23, 2004 8:00 am Secretary of State DOCUMENT # P03000016432 1. Entity Name 01-23-2004 90017 032 ***150 00 BALZLI PROPERTIES, INC. Principal Place of Business Mailing Address 407 LINCOLN ROAD **407 LINCOLN ROAD** SUITE 4-E SUITE 4-E MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 1929 Purd 01162004 CR2E034 (10/03) Chg-P 4. FE! Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent BALZLI, MARK D 407 LINCOLN ROAD SUITE 4-E MIAMI BEACH, FL 33139 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 a ne of registered agent and title if ap (NOTE: Registered agent signature required when reinstating) , Signature, typed or printed 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** TITLE TITLE ☐ Delete X Change ☐ Addition NAME BALZLI, MARK D NAME STREET ADDRESS 407 LINCOLN ROAD, SUITE 4-E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE Delete ☐ Change ☐ Addition BALZLI, MARK D STREET ADDRESS 407 LINCOLN ROAD, SUITE 4-E STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition 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 eath; 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

FILED