


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90017 006 ***150.00

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| DOCUMENT # P03000031755 |  |
| 1. Entity Name BALESTRIERI DEVELOPMENT CORPORATION | |

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| Principal Place of Business 334 NORTH OCEAN BLVD DELRAY BEACH, FL 33483 | Mailing Address 334 NORTH OCEAN BLVD DELRAY BEACH, FL 33483 |
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34010000

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| 2. Principal Place of Business 102 North Swinton Avenue Suite, Apt. #, etc. | 3. Mailing Address 102 North Swinton Avenue Suite, Apt. #, etc. |
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02162004 Chg-P CR2E034 (10/03)

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| City & State Delray Beach, FL | City & State Delray Beach, FL | 4. FEI Number 14-1875989 | Applied For Not Applicable |
| Zip 33444 | Country US | Zip 33444 | Country US |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BALESTRIERI, LEOPOLD 334 NORTH OCEAN BLVD DELRAY BEACH, FL 33483 | 7. Name and Address of New Registered Agent Name Balestrieri, Leopold Street Address (P.O. Box Number is Not Acceptable) 102 North Swinton Avenue City Delray Beach FL Zip Code 33444 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 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 D | NAME BALESTRIERI, LEOPOLD <input type="checkbox"/> Delete | TITLE D, P | NAME Balestrieri, Leopold <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 334 NORTH OCEAN BLVD | CITY-ST-ZIP DELRAY BEACH, FL 33483 | STREET ADDRESS 102 North Swinton Avenue | CITY-ST-ZIP Delray Beach, FL 33444 |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | TITLE NAME | STREET ADDRESS CITY-ST-ZIP |
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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: _____ **2/17/04** **561-762-8249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Leopold Balestrieri, President