

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90217 037 ***158.75

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DOCUMENT # P03000031755 1. Entity Name BALESTRIERI DEVELOPMENT CORPORATION					
Principal Place of Business 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444			Mailing Address 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444		
2. Principal Place of Business 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860		3. Mailing Address 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860		04112005 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number 14-1875989	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BALESTRIERI, LEOPOLD 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name Balestrieri, Leopold Street Address (If Not Applicable) 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860 City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALESTRIERI, LEOPOLD ☐ Delete 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☒ Change ☐ Addition Balestrieri, Leopold 4700 NW Boca Raton Boulevard, Ste. 104 Boca Raton, FL 33431-4860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Leopold Balestrieri, Pres 4/18/05 561-762-8249					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					