


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90041 039 ***150.00

DOCUMENT # P03000039966	
1. Entity Name BALESTRIERI REAL ESTATE CORPORATION	

Principal Place of Business 334 NORTH OCEAN BLVD. DERAY BEACH, FL 33483	Mailing Address 334 NORTH OCEAN BLVD. DERAY BEACH, FL 33483
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2. Principal Place of Business 102 North Swinton Avenue	3. Mailing Address 102 North Swinton Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Delray Beach, FL 33444	City & State Delray Beach, FL 33444
Zip	Country



04062004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0520265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BALESTRIERI, LEOPOLD 334 NORTH OCEAN BLVD. DERAY BEACH, FL 33483	
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7. Name and Address of New Registered Agent	
Name Mr. Leopold Balestrieri	
Street Address (P.O. Box Number is Not Acceptable) 102 North Swinton Avenue	
City Delray Beach	FL Zip Code 33444

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 Leopold Balestrieri	DATE 4/6/04

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BALESTRIERI, LEOPOLD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P, D Balestrieri, Leopold 102 North Swinton Avenue Delray Beach, FL 33444
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"/> Change <input type="checkbox"/> Addition
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"/> 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.	
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SIGNATURE: Leopold Balestrieri	DATE 4/6/04
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501-762-8245