

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90426 008 ***150.00

DOCUMENT # P03000122521 1. Entity Name BALLMED, INC.			
Principal Place of Business 7300 NW 19TH STREET STE. 715 MIAMI, FL 33126		Mailing Address 7300 NW 19TH STREET STE. 715 MIAMI, FL 33126	
2. Principal Place of Business 848 BRICKELL KEY DR		3. Mailing Address PO Box 4604	
Suite, Apt. #, etc. 1001		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State HALEAH FL	
Zip 33131 Country		Zip 33014 Country	
4. FEI Number 20-0354333		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 BALLISTA, JOHNNY 7300 NW 19TH STREET STE. 715 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name BALLISTA, JOHNNY Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL KEY DR #1001 City MIAMI FL Zip Code 33131	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD BALLISTA, JOHNNY 7300 NW 19TH STREET, SUITE 715 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD 848 BRICKELL KEY DR #1001 MIAMI FL 33131 <input checked="" 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 type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	