
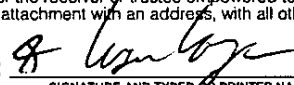


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-28-2005 90002 036 ***150.00

DOCUMENT # P04000059702 1. Entity Name COMPLETE BALANCE, INC.			
Principal Place of Business 8427 BOCA RIO DR BOCA RATON, FL 33433		Mailing Address 8427 BOCA RIO DR BOCA RATON, FL 33433	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7777 GLADES RD SUITE 209 BOCA RATON, FL	
City & State BOCA RATON, FL		4. FEI Number 20-0985338	
Zip 33434		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAHONEY, ROBERT F 7777 GLADES RD SUITE 209 BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CORZO, CESAR 8427 BOCA RIO DR BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ARCHER, WHITNEY 8427 BOCA RIO DR BOCA RATON, FL 33433	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.			
SIGNATURE:  CESAR CORZO		Date: 7/26/05 Daytime Phone #: 541-929-4061	

ATTACHMENT
50058164

COMPLETE BALANCE, INC.
7777 GLADES ROAD, SUITE 209
BOCA RATON, FL 33434

July 20, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Complete Balance, Inc.
P04000059702

Dear Sir or Madam:

Enclosed is the Uniform Business Report (UBR) for the above noted corporation. Please be advised that we did not receive the UBR. Also enclosed is a check in the amount of \$150.

Thank you.

Very truly yours,



Cesar Corzo
President