

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90021 020 ***150.00

DOCUMENT # P04000059702					
1. Entity Name COMPLETE BALANCE, INC.					
Principal Place of Business 8427 BOCA RIO DR BOCA RATON, FL 33433 US			Mailing Address 7777 GLADES ROAD SUITE 209 BOCA RATON, FL 33434 US		
2. Principal Place of Business		3. Mailing Address 7301 W PALMETTO			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 205 A PARK RD			
City & State		City & State BOCA RATON FL			
Zip	Country	Zip	Country	4. FEI Number 20-0985338	
33433	US	33433	US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAHONEY, ROBERT F 7777 GLADES RD SUITE 209 BOCA RATON, FL 33434				Name CESAR CORZO Street Address (P.O. Box Number is Not Acceptable) 7301 W. PALMETTO PARK RD STE 205 A City BOCA RATON FL Zip Code 33433	
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  CESAR CORZO 5/11/06 <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 Due by September 6, 2006		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 CORZO, CESAR 8427 BOCA RIO DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 5/11/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40092531

Complete Balance, Inc.
7301 West Palmetto Park Rd, Suite 205A
Boca Raton, FL 33433

May 11, 2006

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

RE: ~~Complete Balance, Inc..~~
P04-000059702

Dear Sir or Madam:

Enclosed is the Uniform Business Report (UBR) for the above noted corporation with a change of address. 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