

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90026 036 ***150.00

DOCUMENT # P05000018927					
1. Entity Name EDWARD M. BALABAN INC.					
Principal Place of Business 522 N.E. 7TH AVE #2 FORT LAUDERDALE, FL 33301			Mailing Address 522 N.E. 7TH AVE #2 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business 2015 NE 7 Ave		3. Mailing Address 2015 NE 7 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wilton Manors		City & State Wilton Manors FL		4. FEI Number 20-2346038	
Zip 33305		Country 33305		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALABAN, EDWARD M 522 N.E. 7TH AVE #2 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name 2015 NE 7 Ave City WILTON MANORS FL 33305		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	P/D BALABAN, EDWARD M 522 N.E. 7TH AVE #2 FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2015 NE 7 Ave. WILTON MANORS FL 33305	
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
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[Delete]			[Change] [Addition]		
[Delete]			[Change] [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 the empowered.					
SIGNATURE: 			954-260-8074		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Edward M. Balaban