
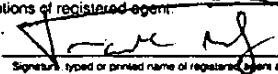
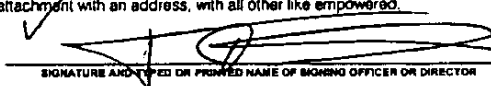


FILED
May 29, 2007 8:00 am
Secretary of State

05-02-2007 90047 048 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|--|--|---|
| DOCUMENT # P06000062847 | |  | |
| 1. Entity Name BALAROD ENTERPRISES CORP. | | | |
| Principal Place of Business 4644 SW 74 AVE MIAMI, FL 33155 | | Mailing Address 4644 SW 74 AVE MIAMI, FL 33155 | |
| 2. Principal Place of Business - No P.O. Box # 16225 SW 88th | | 3. Mailing Address 16225 SW 88th | |
| Suite, Apt. #, etc. 201 | | Suite, Apt. #, etc. 201 | |
| City & State Miami FL | | City & State Miami FL | |
| Zip 33196 | Country USA | Zip 33196 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, FRANK 16025 SW 53 TERR MIAMI, FL 33185 | | 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:  DATE: _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | PD RODRIGUEZ, FRANK 4644 SW 74 AVE MIAMI, FL 33155 <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 | VD BALAEZ, LOURDEZ 4644 SW 74 AVE MIAMI, FL 33155 <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 |
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| 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:  | | Date: 2/22/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |