2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000073578

1. Entity Name MARIA D. BALAREZO P.A.



Principal Place of Business

7525 NW 61ST TERR., UNIT 1901 PARKLAND, FL 33067

Mailing Address

7525 NW 61ST TERR., UNIT 1901 PARKLAND, FL 33067

FILED May 07, 2008 8:00 am Secretary of State

05-07-2008 90104 045 ***150.00



DO NOT WRITE IN THIS SPACE

05032008 No Chg-P CR2E034 (11/05)

4. FEI Number - - | Applied For

NOT APPLICABLE

Not Applicabl

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALAREZO, MARIA 7525 NW 61ST TERR., UNIT 1901 PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE

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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_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis	lered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 - 9. Election Campaign Finance Due by September 12, 2008 Trust Fund Contribution.			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRECTORS		The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALAREZO, MARIA D 7525 NW 61ST TERR., UNIT 1901 PARKLAND, FL 33067		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 4	
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 path; that I am an officer or director.			

12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607.

SIGNATURE

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2008

757-368-655