## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000062901

JEREISSATI, ABELARDO

FORTALEZA, CE 60190 BR

AV PE. ANTONIO TOMAZ 3579/1501

Name:

Address: City-St-Zip:

Entity Name: BALI BUSINESS INC

FILED May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9785 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 **Current Mailing Address: New Mailing Address:** 9785 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 FEI Number: 26-2958797 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAFETY BUSINESS LLC 6220 S ORANGE BLOSSOM TRL ORLANDO, FL 32809 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition JEREISSATI, JOSE CLAUDIO F Name: Name: RUA TERESA HINKO 100 #1302 Address: Address: City-St-Zip: FORTALEZA, CE 60190 BR City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: JEREISSATI, CLAUDIA V Name: AV PE. ANTONIO TOMAZ 3579/1501 Address: Address: FORTALEZA, CE 60190 BR City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ABELARDO JEREISSATI DT 05/01/2009