FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90245 033 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090802

1. Entity Name
BALOOTEC CORP.

DO NOT WRITE IN THIS SPACE

11017250

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2. Principal Place of Business	3. Mailing Address
848 Brickell Ave.	848 Brickell Ave.
Suite, Apt. #, etc. Suite 750	Suite, Apt. #, etc. Suite 750
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 65-0599746 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name JAMES MARX

Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Ave. Suite 750

City Miami FL Zip Code 33131

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 JAMES MARX 4-20-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SALERNO, SABRINA
STREET ADDRESS	VIA PISACANE 16
CITY-ST-ZIP	20129 MILANO ITALY
TITLE	DVT
NAME	MATTEO, RAMELLA
STREET ADDRESS	VIA PISACNE 16
CITY-ST-ZIP	20129 MILANO ITALY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ramella Matteo RAMELLA MATTEO 4/20/03 3055770276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #