2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 02, 2008 8:00 am Secretary of State **DOCUMENT # P97000030518** 04-02-2008 90021 028 ***150.00 1. Entity Name BALGOBIN ENTERPRISES, INC. Principal Place of Business Mailing Address 370 | 3737 NW 36TH STREET 3757 NW 36TH STREET 3701 40056797 MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 370/ NW 3701 NW Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03222008 Chg-P -MI-AM MIANM 4. FEI Number Applied For 65-0744120 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Ag 7. Name and Address of New Registered Agent BALGOBIN, RAJENDRA Street Address (P.O. Box Number is Not Acceptable) 3737 NW 36TH STREET MIAMI, FL 33142 City 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 SIGNATURE (NOTE: Registered Agent signature required when remstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **TITLE** Delete ☐ Channe Addition BALGOBIN, RAJENDRA NAME NAME 3701 2767 N.W. 36TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7P MIAMI, FL 33142 CITY-ST-7P s TILLE Delete TITLE Change Addition BALGOBIN, TARA NAME STREET ADDRESS -3797 N.W. 36TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP ☐ Delete TITLE Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITE E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 atta-SIGNING OFFICER OR DIRECTOR Daytime Phone

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