

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 22, 2004 8:00 am**  
**Secretary of State**

09-22-2004 90001 035 \*\*\*150.00

<b>DOCUMENT # P99000024613</b> 1. Entity Name <b>BALOGH OUTLET, INC.</b>			
Principal Place of Business <b>4020 ROYAL PALM AVENUE</b> <b>MIAMI BEACH, FL 33140 US</b>		Mailing Address <b>4020 ROYAL PALM AVENUE</b> <b>MIAMI BEACH, FL 33140 US</b>	
2. Principal Place of Business <b>449 41st ST. (Rear Entrance)</b> Suite, Apt. #, etc.		3. Mailing Address <b>449 41st ST. (New Entrance)</b> Suite, Apt. #, etc.	
City & State <b>MIAMI BEACH, FL</b> Zip <b>33140</b>		City & State <b>MIAMI BEACH, FL</b> Zip <b>33140</b>	
4. FEI Number <b>65-0902669</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GROSS, PHILIP</b> <b>777 ARTHUR GODFREY ROAD</b> <b>4TH FLOOR</b> <b>MIAMI BEACH, FL 33140</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>BALOGH, ROBERT</b> STREET ADDRESS <b>777 ARTHUR GODFREY ROAD 4TH FLOOR</b> CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>	<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
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
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
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
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
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 the 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.			
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	

54073366



07012004 Chg-P CR2E034 (10/03)