## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 03, 2005 08:00 AM **Secretary of State** DOCUMENT # P99000073793 1. Entity Name CARLOS A. BALZOLA, INC. Principal Place of Business Mailing Address 13961 SW 28ST. -13961 SW 28ST. MIAMI, FL 33175 MIAMI, FL 33175 06012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 65-0939781 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BALZOLA, CARLOS A DO NOT WRITE 13961 SW 28 ST. MIAMI, FL 33175 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstallnd) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution.  $\Gamma$ Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE BALZOLA, CARLOS A NAME STREET ADDRESS 13961 SW 28 ST. CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 ampowered 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 attachment with an address, with all other like empowered.

SNING OFFICER OR DIRECTOR

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