

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000089305**

1. Entity Name  
**BALYOG INC**



Principal Place of Business

**2595 54TH AVE., N.  
SAINT PETERSBURG, FL 33714**

Mailing Address

**2595 54TH AVE., N.  
SAINT PETERSBURG, FL 33714**



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3600860**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PATEL, THAKOR  
2595 54TH AVE., N.  
SAINT PETERSBURG, FL 33714**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PATEL, THAKOR
STREET ADDRESS	4202 AZEELE ST
CITY-ST-ZIP	TAMPA, FL 336093822
TITLE	S
NAME	PATEL, CHITTARANJAN
STREET ADDRESS	2595 54TH AVE., N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	T
NAME	PATEL, SURESH CHANDRA P
STREET ADDRESS	3688 SANDY BLVD
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VP
NAME	SANGITA, KAPADIA
STREET ADDRESS	10901 BRIGHTON BAY BLVD #313
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/07-80070-007 150.00

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IN THIS SPACE**

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 attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

314102 747  
Date

822-3191  
Daytime Phone #