

200.4
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90003 007 ***150.00

DOCUMENT # P99000111359

1. Entity Name

DRAGONFLY & BALLOON, INC.

Principal Place of Business

6831 SW 147 AVE #46
Miami FL 33193

Mailing Address

6831 SW 147 AVE #46
Miami FL 33193

44048388

2. Principal Place of Business

5300 NE 24 TER.

3. Mailing Address

16300 NE 19 AVE

Suite, Apt. #, etc.

STE 102

Suite, Apt. #, etc.

STE C

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

N. Miami Beach FL

4. FEI Number

65-0969547

Applied Fee

Not Applied

Zip

33308

Country

USA

Zip

33162

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDO SILVA
16300 NE 19 AVE # C
N. Miami FL 33162

Name FERNANDO SILVA

Street Address (P.O. Box Number is Not Acceptable)

16300 NE 19 AVE

STE C

City

N. Miami Beach

FL

Zip Code

33162

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.

SIGNATURE

Signature, typed or printed name of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

7/12/04

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	JORGE PARDO	
STREET ADDRESS	6831 SW 147 AVE 46	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Add
NAME	JORGE PARDO	
STREET ADDRESS	5300 NE 24 TER # 102	
CITY-STATE-ZIP	Ft. Lauderdale FL 33308	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. 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 11 or Block 12, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04 788-5121414

Attachment
44048388

July 12, 2004

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee FL 32302-1500

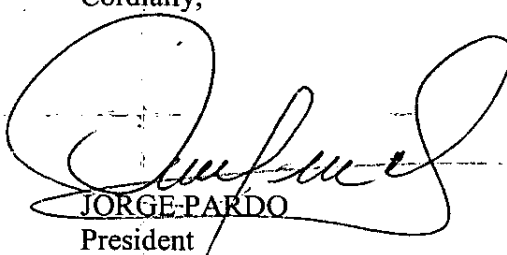
Ref.: DRAGONELY & BALLOON, INC.
P99000111359

Dear Sir or Madam:

We would like to let you know that we HAVE NOT RECEIVED ANY FORM BY MAIL to renew the Corporation for the year 2004. We made a copy from blank form to try to accomplish with the State Law, please accept our check without penalty.

Take on count that it was not our fault if we did not receive the renewal by mail, only we are trying to comply with the Corporate Renewal for this year.

Cordially,



JORGE PARDO
President