

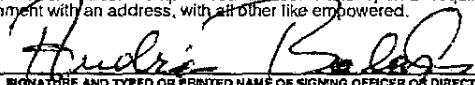


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # V05848 1. Entity Name ANDRE BALASH, P.A.			
Principal Place of Business 4740 BRITTANY DR. S. UNIT 31 ST PETERSBURG, FL 33715		Mailing Address 4740 BRITTANY DR. S. UNIT 31 ST PETERSBURG, FL 33715	
DO NOT WRITE IN THIS SPACE			
		02082004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3097700	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
BALASH, ANDRE 4740 BRITTANY DR. S. UNIT 31 ST PETERSBURG, FL 33715		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000045757 02/11/04-80076-008 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PTS		
NAME	BALASH, ANDRE		
STREET ADDRESS	4740 BRITTANY DR. S.		
CITY-ST-ZIP	ST PETERSBURG, FL		
TITLE			
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 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: 		2/1/2004 727-867-8808	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	