


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:51

DOCUMENT # L05000047108 1. Entity Name BEL CO. LLC	
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Principal Place of Business C/O MITCHELL S. POLANSKY 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133	Mailing Address C/O MITCHELL S. POLANSKY 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc	Suite, Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3420044	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DRIVE, SUIT3 703 MIAMI, FL 33133

7. Name and Address of New Registered Agent
Name
Street Address (P O Box Number is Not Acceptable)
City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**



9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	BELSOL, JOSE MANUEL
STREET ADDRESS	2665 SOUTH BAYSHROE DRIVE, SUITE 703
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR <input type="checkbox"/> Delete
NAME	BENNETT, WANDA
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 703
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR <input type="checkbox"/> Delete
NAME	BARGIELA, JUAN LUIS
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 703
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500075221345
STREET ADDRESS	05/25/06--01011--001 **400.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee or personal representative to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: Jose Manuel Belsoi Date: 4/26/06 Daytime Phone #: (305) 858-9900