


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # M57868
1. Entity Name
BELIER CORP. OF THE AMERICAS



Principal Place of Business C/O MARC PARADIS 1517 SHENANDOAH ST. HOLLYWOOD, FL 33020	Mailing Address C/O MARC PARADIS 1517 SHENANDOAH ST. HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0004097	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PARADIS, MARC
1517 SHENANDOAH ST.
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

0000001069883
04/08/04-80038-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARADIS, MARC 1517 SHENANDOAH HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARADIS, MARC JR 4120 47 ST, 2 MONTREAL, QU
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARADIS, JOSEE 10605 SAVARD QUEBEC, QU
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **04/05/04** **(954) 922-6249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARC PARADIS, President