


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 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



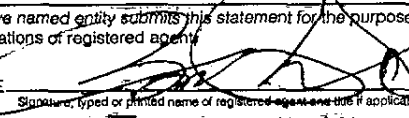
03182005 No Chg-P CR2E034 (10/03)

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

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:  **Marc Paradis** DATE: **05/31/05**

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, 2005 Fee will be \$550.00

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

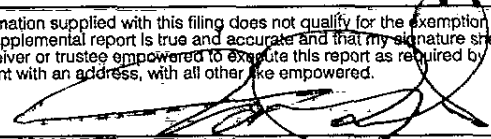
1000000289746
 04/06/05-80036-024 150.00

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	

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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:  DATE: **05/11/05** DAYTIME PHONE #: **(954) 922-6249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Paradis, President