

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 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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04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ 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, 2006 Fee will be \$550.00

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

1100000532030
05/06/06-80070-007 150.00

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 exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/06 (954) 922-6249
Date Daytime Phone #

Marc Paradis, President