


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 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**

**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0004097</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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


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	

000000849309  
 04/28/08-80034-003 150.00

**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:**  **04/16/08 (954) 922-6249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Marc Paradis, President*