

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N06000013134
 1. Entity Name
 BELLA VENEZIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 525 WEST 69 ST, HIALEAH, FL 33014
 Mailing Address: PO BOX 160310, HIALEAH, FL 33016

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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 20-8374836
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARTINEZ, AURELIO
 525 WEST 69 ST #304
 HIALEAH, FL 33014

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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: *Aurelio Martinez* (NOTE: Registered Agent signature required when reinstating) DATE: 03/11/08

Filing Fee is \$61.25 Due by May 1, 2008
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 U00000864023
 04/03/08-80115-022 \$1.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTINEZ, AURELIO PD
STREET ADDRESS	525 WEST 69 ST #304
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	SD
NAME	SEVILLA, OFELIA M SD
STREET ADDRESS	575 WEST 69 ST #111
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	TD
NAME	BLANDINO, REINALDO TD
STREET ADDRESS	525 WEST 69 ST #107
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	VP
NAME	GUERRA, ELKIN VP
STREET ADDRESS	575 WEST 69 ST #206
CITY-ST-ZIP	HIALEAH, FL 33014
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 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 617, 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: *Aurelio Martinez* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 03/11/08 (Date) Daytime Phone #