


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000071299 1. Entity Name BELLA VERA CORP.	
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Principal Place of Business 191 VERA COURT CORAL GABLES FL 33143	Mailing Address 6700 NW 12TH ST MIAMI FL 33126
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country	4. FEI Number 65-1027125	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEL REY, MARCIA 191 VERA COURT CORAL GABLES FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent's signature required when changing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete DEL REY, MARCIA STREET ADDRESS 191 VERA COURT CITY - ST - ZIP CORAL GABLES FL 33143
TITLE	SD <input type="checkbox"/> Delete DEL REY, JULIO STREET ADDRESS 191 VERA COURT CITY - ST - ZIP CORAL GABLES FL 33143
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> U00000809523 02/08/08-80026-015 158.75 </div>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marcia del Rey* 1/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE