
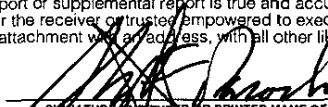


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90033 036 \*\*\*150.00

DOCUMENT # P01000082019			
1. Entity Name BELLA VERDE, INC.			
Principal Place of Business 15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446		Mailing Address 15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446	
2. Principal Place of Business 5350 W. Atlantic Ave Suite/Apt. #, etc. 100 City & State Delray Beach, FL Zip 33484		3. Mailing Address 5350 W. Atlantic Ave Suite/Apt. #, etc. 100 City & State Delray Beach, FL Zip 33484	
4. FEI Number 30-0032430		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORN, GARY ESQ 20801 BISCAYNE BLVD SUITE 501 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEINBERG, ANDREW 15340 JOG ROAD, STE 100 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Andrew Steinberg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5350 W Atlantic Ave suite 100 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWARTZ, RICHARD 15340 JOG ROAD, STE 100 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Richard Swartz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5350 W. Atlantic Ave. suite 100 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PACOCOA, STEPHEN 15340 JOG ROAD, STE 100 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV Stephen Pacocha <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5350 W. Atlantic Ave. suite 100 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Stephen F. Pacocha, SV Bella Verde, Inc. 1-29-04 561638 3600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	