2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 04, 2005 8:00 am Secretary of State

DOCUN 1. Entity Name BELM INV				05-04-200)5 90181 ()50 ***15	0.00				
Principal Place of Susiness 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			520 BRICK	Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			50048151				
2. Principal Place of Business			3. Mailing A	3. Mailing Address							
Suite, Apt, #, etc.			Suite, Apt	Suite, Apt. #, etc.			03182005	Chg-P	CR2E0	34 (10/03)	
City & State			City & Sta	City & State			4. FEI Numbe 94-3417				plied For Applicable
Zip	Country		Zip	Zip Co			5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
	6. Name	and Address of Curre	nt Registered Ag	ent			7. Name and	Address of New	Registered A	gent	
TRANSGLOBAL CORP. ADMIN., LLC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131					Name Street A	ddress (P.O. Box Numbe	r is Not Acceptab	ıle)		
					City				FL	Zip Code	;
	named entitions of regis	y submits this statement tered agent.	for the purpose o	changing its reg	istered office or	registe	red agent, or bot	h, in the State of F	lorida. Lam	amiliar with,	and accept
SIGNATURE.	Signature, typeo	for printed name of registered ag	ent and title if applicable.	(NOTE: Any	giølered Agent signati	nte tadrite	d when reinstating)		DATE		
		FEE IS \$150.00 5 Fee will be \$55	- 1	ection Campaign ust Fund Contribu			.00 May Be ded to Fees				
10.		OFFICERS At	ND DIRECTORS	<u> </u>	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	1L M 3
TITLE	D Celete TII						~ ~			☐ Change	Addition
NAME STREET ADDRESS	CHACIN, LUIS 520 BRICKELL KEY DRIVE SUITE 0-305				NAME STREET ADDRESS	K0)	h Brick	ra E eil Key	Dr. #	-0-305	-
CITY-ST-ZIP	MIAMI, F	L 33131	 	CITY-ST-ZIP	mic	imi, FL	33131				
NAME	D Delete T						•			☐ Change	Addition Addition
STREET ADDRESS 520 BRICKELL KEY DRIVE SUIT			UITE 0-305		name Street address						
CITY-ST-ZIP MIAMI, FL 33131					CITY-ST-ZIP						
THILE	D Delete TITE									Change	☐ Addition
NAME SIRFET ATIORESS	IAME GARCIA, MILAGROS STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 STR										
CITY-ST-ZIP MIAMI, FL 33131											
TITLE	D			☐ Defete	TITLE	1				☐ Change	☐ Addition
NAME											
STREET ADDRESS CITY-ST-ZIP	MIAMI, F		UITE 0-305		STREET ADDRESS CITY+ST-ZIP						
TITLE	100,000,1			Delete	TITLE	 	-			☐ Change	☐ Addition
HAME				CAL DOIGH	HAME	Ì				onlings	
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP	 				CITY-ST-ZIP						
NAME	İ			☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP	<u> </u>				CITY+ST-ZIP						
I indicated	on this rep	he information supplied ort or supplemental repo the receiver or trustee e tachment with an adde	ort is true and accu	irale and that my :	signature shall l	have the	same legal effec	ot as if made unde	ar nath: that t	am an officer	or director
SIGNATURE: Marco E. Royas 4/28/05 305 3743800.											800