2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State
02-22-2005 90017 024 ***150.00

DOCUMENT # P03000003187

1. Entity Name
BELAIR SERVICES, INC.

Principal Place of Business	Mailing Address
1633 E. VINE STREET SUITE 207 KISSIMMEE, FL 34743	1633 E. VINE STREET SUITE 207 KISSIMMEE, FL 34743

02162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1631 E Vine St	1631 E. Vine St
Suite, Apt. #, etc.: H	Suite, Apt. #, etc.: H
City & State: Kissimmee Florida	City & State: Kissimmee Florida
Zip: 34744 Country:	Zip: 34744 Country:

4. FEI Number 76-0722078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALDERON, LUIS R 1633 E. VINE STREET SUITE 207 KISSIMMEE, FL 34743	Name: Luis R. Calderon Street Address (P.O. Box Number is Not Acceptable): 1631 E.Vine St Suite H City: Kissimmee FL 34744 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 ________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D CALDERON, LUIS R 1633 E VINE STREET STE 207 KISSIMMEE, FL 34743	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Luis R. Calderon 2226 Stonehedge Loop Kissimmee Fl 34743.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ________________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #