

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
2 Mar 19, 2007 8:00 am
Secretary of State

02-22-2007 90005 022 ***150.00

DOCUMENT # P03000003187 1. Entity Name BELAIR SERVICES, INC.	
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Principal Place of Business 1631 E. VINE STREET H KISSIMMEE, FL 34744	Mailing Address 1631 E. VINE STREET H KISSIMMEE, FL 34744
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DO NOT WRITE IN THIS SPACE

66005607

02152007 No Chg-P CR2E034 (11/05)

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 CALDERON, LUIS R 1631 E. VINE STREET H KISSIMMEE, FL 34744	DO NOT WRITE IN THIS SPACE
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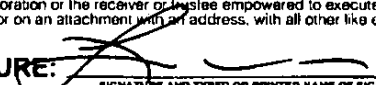
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR CALDERON, LUIS R 2226 STONEBRIDGE LOOP KISSIMMEE, FL 34743
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 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:  **03/06/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____