

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90013 048 ***150.00

DOCUMENT # P03000003187

1. Entity Name
BELAIR SERVICES, INC.



Principal Place of Business

1631 E. VINE STREET
H
KISSIMMEE, FL 34744

Mailing Address

1631 E. VINE STREET
H
KISSIMMEE, FL 34744

50001677



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

76-0722078

Applied For

Not Applicable

Zip

Country

Zip

Country

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
1631 E. VINE STREET
H
KISSIMMEE, FL 34744

Name Luis R. Calderon

Street Address (P.O. Box Number is Not Acceptable)

3980 Marietta Way

City St. Cloud

FL

Zip Code 34772

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, 2008 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
DR
CALDERON, LUIS R
2226 STONEBRIDGE LOOP
KISSIMMEE, FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DR
calderon, Luis R.
3980 Marietta Way
St. Cloud, Florida 34772 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/08

Date

Daytime Phone #