


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90004 033 ***150.00

DOCUMENT # P04000134906

1. Entity Name
BELLA/MATTO, CORP.



Principal Place of Business Mailing Address

2700 NE 135TH STREET 2700 NE 135TH STREET
 SUITE # 6 SUITE # 6
 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1045 KANE CONCOURSE Suite, Apt. #, etc.

214 Suite, Apt. #, etc.

City & State City & State

DAY HARBOR ISLAND, FL City & State

Zip Country Zip Country

33154 **USA**

4. FEI Number Applied For

20-1673108 Not Applicable

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

01242008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent

CORDOVA, DIEGO E CPA
8905 SW 87TH AVENUE
SUITE 200
MIAMI, FL 33176

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 _____

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, SHEILA	NAME	
STREET ADDRESS	2700 NW 135TH STREET SUITE # 6	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, SHEILA	NAME	
STREET ADDRESS	2700 NW 135TH STREET SUITE # 6	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Date: **1/24/08** Director Prefix: **(305) 868-5117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR