

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000022422

FILED
Mar 27, 2009
Secretary of State

Entity Name: BELLA VIA PROPERTIES, INC.

Current Principal Place of Business:

12510 SEMINOLE BEACH ROAD
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

300 S. AUSTRALIAN AVE #1119
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

12510 SEMINOLE BEACH ROAD
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

300 S. AUSTRALIAN AVE
WEST PALM BEACH, FL 33401 US

FEI Number: 83-0507498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROOKS C. MILLER, P.A.
200 SOUTH BISCAYNE BLVD.
1690
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRANCESCONI, KATIA
Address: 12510 SEMINOLE BEACH ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANCESCONI, KATIA
Address: 300 S. AUSTRALIAN AVE #1119
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIA FRANCESCONI

MS

03/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date