


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90292 007 ***150.00

DOCUMENT # P94000040582
1. Entity Name
FELL CORPORATION



Principal Place of Business: 7700 N. KENDALL DR., STE 809 MIAMI, FL 33156 US
Mailing Address: 7700 N. KENDALL DR., STE 809 BAIL #1 MIAMI, FL 33156 US

20019094



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0501092 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALAZAR, GERMAN
7700 N. KENDALL DR., STE 809
MIAMI, FL 33155

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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 reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELLO-VICENTINI, GUILLERMO
STREET ADDRESS	8470 SW 83RD COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VPD
NAME	CLORALT, NORMA
STREET ADDRESS	CALLE ALEJANDRO JIMENEZ SUR, 0-29
CITY-ST-ZIP	CAGUA, VENEZUELA,
TITLE	SD
NAME	GONZALEZ-MIJARES, OSCAR
STREET ADDRESS	49 AV. LOS PALOS GRANDES RES. DORABEL P.B
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	TD
NAME	MARQUEZ, SONIA
STREET ADDRESS	CALLE 5 DR JULIO
CITY-ST-ZIP	EDIFICIO LAS CRMENRS, LV,
TITLE	ASD
NAME	BELLO, ALEXANDRA
STREET ADDRESS	8470 SW 83RD COURT
CITY-ST-ZIP	MIAMI, FL 33143
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 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] Date: 3/2/05 Daytime Phone #: 305 2703145