


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90009 017 ***150.00

DOCUMENT # P94000040582
 1. Entity Name
FELL CORPORATION



Principal Place of Business Mailing Address
 2330 NW 102ND AVENUE 2330 NW 102ND AVENUE
 BAY # 1 BAY # 1
 MIAMI, FL 33172 US MIAMI, FL 33172 US

30010010



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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0501092 Not Applicable

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	
BELLO, GUILLERMO 8470 SW 83RD CT MIAMI, FL 33143		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, 2007 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	PD	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BELLO, GUILLERMO			NAME	MERCEDES BELLO		
STREET ADDRESS	8470 SW 83RD COURT			STREET ADDRESS	6745 SW 90TH COURT		
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP	MIAMI, FL 33173		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLORALT, NORMA			NAME			
STREET ADDRESS	CALLE ALEJANDRO JIMENEZ SUR, 0-29			STREET ADDRESS			
CITY-ST-ZIP	CAGUA, VENEZUELA,			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ-MIJARES, OSCAR			NAME			
STREET ADDRESS	49 AV. LOS PALOS GRANDES RES. DORABEL P.B			STREET ADDRESS			
CITY-ST-ZIP	CARACAS, VENEZUELA,			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARQUEZ, SONIA			NAME			
STREET ADDRESS	CALLE 5 DR JULIO			STREET ADDRESS			
CITY-ST-ZIP	EDIFICIO LAS CRMENRS, LV,			CITY-ST-ZIP			
TITLE	ASD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELLO, ALEXANDRA			NAME			
STREET ADDRESS	8470 SW 83RD COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELLO, MARIALEXANDRA			NAME			
STREET ADDRESS	8470 SW 83RD COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33143			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:  **Guillermo Bello** Date: **01/09/07** Daytime Phone #: **(305) 598-7703**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR