

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P99000068877**

1. Entity Name  
**BELLA-VIC, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -8 PM 3:19

Principal Place of Business <b>2769 NW 79TH AVE MIAMI, FL 33122</b>	Mailing Address <b>2769 NW 79TH AVE MIAMI, FL 33122</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country



03022006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0949380</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

**6. Name and Address of Current Registered Agent**

**ALSINA, JESUS A**  
**2769 NW 79 AVE.**  
**MIAMI, FL 33122**

**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 **3/02/06**

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

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
------------------------------	--	------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <del>FO</del>	NAME <b>LEFONT, ALFREDO M</b>	TITLE	NAME
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2769 SW 79 AVE.</b>		<b>500068559805</b>	
CITY-ST-ZIP <b>MIAMI, FL 33122</b>		<b>03/24/06--01006--004 **70.00</b>	
TITLE	NAME	TITLE	NAME
VP	<b>ALSINA, JESUS A</b>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <del>2769 SW 79 AVE</del> <b>2769 NW 79 AVE</b>			
CITY-ST-ZIP <b>MIAMI, FL 33122</b>			
TITLE	NAME	TITLE	NAME
<b>President</b>	<b>ALSINA, TAIRIS</b>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2769 NW 79 AVE</b>			
CITY-ST-ZIP <b>MIAMI, FL 33122</b>			
TITLE	NAME	TITLE	NAME
<b>T</b>	<b>ALSINA, TAIRIS</b>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2769 NW 79 AVE</b>			
CITY-ST-ZIP <b>MIAMI, FL 33122</b>			
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
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 **3/02/06** DAYTIME PHONE # **786-299-6747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR