

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90813 019 ***550.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **V00221**

1. Entity Name
THE GHELLA CORPORATION

DO NOT WRITE IN THIS SPACE

80126782

2. Principal Place of Business
6205 Blue Lagoon Dr.
 Suite, Apt. #, etc.
Suite 290

3. Mailing Address
6205 Blue Lagoon Dr.
 Suite, Apt. #, etc.
Suite 290

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0305533

Applied For
 Not Applicable

Zip
33126

Country
U.S.A.

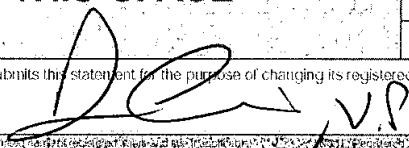
Zip
33126

Country
U.S.A.

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
Atrium Registered Agents, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Ave.
Suite 125
 City
Coral Gables FL Zip Code
33146

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.
 SIGNATURE:  **VP** 6/20/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 January 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
PTD
 NAME
GHELLA, ENRICO
 STREET ADDRESS
6205 Blue Lagoon Dr. #290
 CITY-STATE-ZIP
Miami, FL 33126

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
S
 NAME
FONTANESI, LAURA
 STREET ADDRESS
6205 Blue Lagoon Dr. #290
 CITY-STATE-ZIP
Miami, FL 33126

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 STREET ADDRESS
 CITY-STATE-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034B (12/01)