

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000106216

**Entity Name:** BELLA VINO, INC.

**Current Principal Place of Business:**

100 INDIAN ROCKS ROAD, N.  
F  
BELLEAIR BLUFFS, FL 33770

**Current Mailing Address:**

100 INDIAN ROCKS ROAD, N.  
F  
BELLEAIR BLUFFS, FL 33770

**FEI Number:** 56-2525682

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANZESE, CHERYL AP  
33 SUSNET BAY DRIVE  
BELLEAIR, FL 33756 US

*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

**Officer/Director Detail :**

Title P  
Name FRANZESE, CHERYL AMRS  
Address 33 SUNSET BAY DRIVE  
City-State-Zip: BELLEAIR FL 33756

Title VP  
Name FRANZESE, BRIAN AMR  
Address 33 SUNSET BAY DRIVE  
City-State-Zip: BELLEAIR FL 33756

Title S  
Name FRANZESE, CHERYL AMRS  
Address 33 SUNSET BAY DRIVE  
City-State-Zip: BELLEAIR FL 33756

Title T  
Name FRANZESE, BRIAN AMR  
Address 33 SUNSET BAY DRIVE  
City-State-Zip: BELLEAIR FL 33756

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIAN FRANZESE

VP

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date