


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 519053**  
1. Entity Name  
**BELEGO, INC.**



Principal Place of Business <b>11909 1/2 NO NEBRASKA TAMPA, FL 33612 US</b>	Mailing Address <b>13615 BRUCE B. DOWNS BLVD SUITE 112 TAMPA, FL 33613 US</b>
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04122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1706493</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
  
**GOLDSTEIN, BERNARD  
13615 BRUCE B. DOWNS BLVD  
SUITE 112  
TAMPA, FL 33613**

7. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>PTD</b>	<b>GOLDSTEIN, BERNARD</b>
NAME	<b>13615 BRUCE B. DOWNS BLVD, SUITE 112</b>
STREET ADDRESS	<b>TAMPA, FL</b>
CITY-ST-ZIP	
TITLE <b>VDS</b>	<b>GOLDSTEIN, LANA</b>
NAME	<b>13615 BRUCE B. DOWNS BLVD #112</b>
STREET ADDRESS	<b>TAMPA, FL</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/19/05-80002-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Bernard Goldstein 4-12-05 **813-866-1167**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #