

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # 628843 1. Entity Name PEDRO O. BELLO ARMAMENTOS, INC.					
Principal Place of Business 222 COSTELLO ROAD WEST PALM BEACH FL 33405 US			Mailing Address % MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON FL 33414		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1925317 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DE MENDOZA, MARIO G. P.A. 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON FL 33414	
7. Name and Address of New Registered Agent Name Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Blvd., Suite 1302 City Wellington FL Zip Code 33414				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. Mario G. de Mendoza, III, P.A. SIGNATURE Mario G. de Mendoza, III, President DATE 3/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME BELLO, PEDRO O. STREET ADDRESS 222 COSTELLO RD CITY-ST-ZIP WEST PALM BEACH FL 33405			TITLE S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BELLO, PEDRO O. STREET ADDRESS 222 COSTELLO ROAD CITY-ST-ZIP WEST PALM BEACH, FL 33405		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Pedro O. Bello, President DATE: 3/9/05 561 478 1411 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					