


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90051 010 ***150.00

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 c/o Mario G. de Mendoza, III, P.A.
 Suite, Apt. #, etc.
 12765 Forest Hill Blvd #1302

City & State
 Wellington, FL

Zip
 33414

Country
 USA

40016767



01262007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-1925317

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A.
 12765 FOREST HILL BLVD.
 SUITE 1302
 WELLINGTON, FL 33414

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~ Delete
 NAME BELLO, PEDRO O.
 STREET ADDRESS ~~222 COSTELLO RD~~
 CITY-ST-ZIP ~~WEST PALM BEACH, FL 33405~~

TITLE ST PD Change Addition
 NAME Bello, Pedro O.
 STREET ADDRESS 222 Costello Rd.
 CITY-ST-ZIP West Palm Beach, FL 33405

TITLE ~~ST~~ Delete
 NAME ~~BELLO, PERDO O~~
 STREET ADDRESS ~~222 COSTELLO ROAD~~
 CITY-ST-ZIP ~~WEST PALM BEACH, FL 33405~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

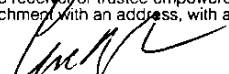
TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: X  Pedro O. Bello, Pres. X 2/11/07 5614791411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #