2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #628843

1. Entity Name

PEDRO O. BELLO ARMAMENTOS, INC.



FILED Feb 29, 2008 08:00 A Secretary of State

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



DO NOT WRITE IN THIS SPACE

02252008 No Chg-P CR2E034 (11/05)

Applied For

FEI Number
 59-1925317

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its reg	stered office or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE_					DATE	-
	Signature, typed or printed name of registered agent and title of	fapplicable. (NOTE, Rag	gistered Agent signature	required when reinstating)	U000011844185	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	03/12/08-80021-024 158.75	
10.	OFFICERS AND DIRECT	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STPD BELLO, PERDO O 222 COSTELLO ROAD WEST PALM BEACH, FL 33405					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I nereby 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 proof 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 true exemptowered 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:

NAME STREET ADDRESS CITY+ST-ZIP

BELLOS President

6-27-0P 56/478/44

Daytime Pho