

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90029 022 ***150.00



DOCUMENT # F01000004776

1. Entity Name

BELL & ROSS INC.

Principal Place of Business

1688 MERIDIAN AVE
 504
 MIAMI BEACH FL 33139

Mailing Address

1688 MERIDIAN AVE
 504
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4187833

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

ALFORD, ANDREW
 1688 MERIDIAN AVE
 504
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **LISA HARRISON**
 Street Address (P.O. Box Number is Not Acceptable)
1688 MERIDIAN AVE
STE 504
 City **MIAMI BEACH FL** Zip Code **33139**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSILLO, CARLOS	
STREET ADDRESS	340, RUE SAINT HONORE	
CITY-ST-ZIP	75001 PARIS, FRANCE 75001	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELLAMICH, BRUNO	
STREET ADDRESS	340, RUE SAINT HONORE	
CITY-ST-ZIP	75001 PARIS, FRANCE 75001	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRISON, LISA	
STREET ADDRESS	1688 MERIDIAN AVE., SUITE 504	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAUMOY, FRANCISCO	
STREET ADDRESS	9 WEST 57TH STREET, 45TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HEILBRON, CHARLES	
STREET ADDRESS	9 WEST 57TH STREET, 44TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

Lisa Harrison LISA HARRISON 3/1/04 305-672-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #