


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000004776**

1. Entity Name  
**BELL & ROSS INC.**



Principal Place of Business <b>1688 MERIDIAN AVE          504          MIAMI BEACH, FL 33139</b>	Mailing Address <b>1688 MERIDIAN AVE          504          MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>13-4187833</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, LISA  
 1688 MERIDIAN AVE  
 STE 504  
 MIAMI BEACH, FL 33139**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**DO NOT WRITE IN THIS SPACE**

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 07/05/05-80024-014 150.00

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: LISA HARRISON **LISA HARRISON** 6/30/05 305-672-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #