

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4187833

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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**

3. 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, the registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

1000001341576
01/24/06-80046-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 recipient 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

Date

305-672-2626

Daytime Phone #