


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
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 *Lisa Harrison* DATE 1/6/06

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

DO NOT WRITE IN THIS SPACE

1000001341576
 01/24/06-80046-023 150.00

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: *Lisa Harrison* DATE 1/6/06 DAYTIME PHONE # 305-672-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR