

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004776

FILED
Jan 20, 2009
Secretary of State

Entity Name: BELL & ROSS INC.

Current Principal Place of Business:

1688 MERIDIAN AVE
504
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1688 MERIDIAN AVE
504
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 13-4187833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: LISA HARRISON

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSILLO, CARLOS
Address: 340, RUE SAINT HONORE
City-St-Zip: 75001 PARIS, FRANCE, 75001

Title: VD () Delete
Name: BELLAMICH, BRUNO
Address: 340, RUE SAINT HONORE
City-St-Zip: 75001 PARIS, FRANCE, 75001

Title: S () Delete
Name: HARRISON, LISA
Address: 1688 MERIDIAN AVE., SUITE 504
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: SAUMOY, FRANCISCO
Address: 9 WEST 57TH STREET, 45TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: CD () Delete
Name: HEILBRON, CHARLES
Address: 9 WEST 57TH STREET, 44TH FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HARRISON

MS

01/20/2009

Electronic Signature of Signing Officer or Director

Date