

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 16, 2009
Secretary of State**

DOCUMENT# F01000004776

Entity Name: BELL & ROSS INC.

Current Principal Place of Business:1688 MERIDIAN AVE
504
MIAMI BEACH, FL 33139**New Principal Place of Business:**1688 MERIDIAN AVE
504
MIAMI BEACH, FL 33139 US**Current Mailing Address:**1688 MERIDIAN AVE
504
MIAMI BEACH, FL 33139**New Mailing Address:**1688 MERIDIAN AVE
504
MIAMI BEACH, FL 33139 US

FEI Number: 13-4187833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LISA, HARRISON
1688 MERIDIAN AVE
STE 504
MIAMI BEACH, FL 33139 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: P () Delete
Name: ROSILLO, CARLOS
Address: 340, RUE SAINT HONORE
City-St-Zip: 75001 PARIS, FRANCE, 75001Title: VD () Delete
Name: BELLAMICH, BRUNO
Address: 340, RUE SAINT HONORE
City-St-Zip: 75001 PARIS, FRANCE, 75001Title: S () Delete
Name: HARRISON, LISA
Address: 1688 MERIDIAN AVE., SUITE 504
City-St-Zip: MIAMI BEACH, FL 33139Title: T () Delete
Name: SAUMOY, FRANCISCO
Address: 9 WEST 57TH STREET, 45TH FLOOR
City-St-Zip: NEW YORK, NY 10019Title: CD (X) 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: PRES (X) Change () Addition
Name: ORLOFF, STACIE
Address: 1688 MERIDIAN AVENUE, SUITE 504
City-St-Zip: MIAMI BEACH, FL 33139 USTitle: VP (X) Change () Addition
Name: ROSILLO, CARLOS
Address: 340, RUE SAINT HONORE
City-St-Zip: 75001 PARIS,, FR 75001 FRTitle: SECY (X) Change () Addition
Name: HARRISON, LISA
Address: 1688 MERIDIAN AVE., SUITE 504
City-St-Zip: MIAMI BEACH, FL 33139 USTitle: TREA (X) Change () Addition
Name: SAUMOY, FRANCISCO
Address: 9 WEST 57TH STREET, 45TH FLOOR
City-St-Zip: NEW YORK, NY 10019 USTitle: () 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: FRANCISCO SAUMOY

TREA

10/16/2009

Electronic Signature of Signing Officer or Director_____
Date