


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90185 034 ***150.00

DOCUMENT # F28267 1. Entity Name BELLA CAPRI, INC.					
Principal Place of Business 5 PINWOOD TERRACE PALM HARBOR, FL 34683			Mailing Address 5 PINWOOD TERRACE PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box # 7107 Clark Street		3. Mailing Address 7107 Clark Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hudson FL		City & State Hudson FL		4. FEI Number 59-2069898	
Zip 34667		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34667		Country USA		01232007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MICCICHE, JOHN R. 5 PINWOOD TERRACE PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name John R. Micciche Street Address (P.O. Box Number is Not Acceptable) 9840 Delray Drive City New Port Richey FL Zip Code 34654	
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 <u><i>John R. Micciche</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/16/2007</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete MICCICHI, JOHN 5 PINWOOD TERRACE PALM HARBOR, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D John R. Micciche 9840 Delray Drive New Port Richey FL 34654	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u><i>John R. Micciche</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/16/2007</u> <small>Date</small>		
<small>Daytime Phone #</small>					