




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90024 005 ***150.00

DOCUMENT # F97000005723 1. Entity Name BELLEMEAD MARINA DEL REY CORP. II					
Principal Place of Business C/O JOANNE F MEISLER 7 BECKER FARM ROAD ROSELAND, NJ 07068-3790			Mailing Address C/O JOANNE F MEISLER 7 BECKER FARM ROAD ROSELAND, NJ 07068-3790		
2. Principal Place of Business c/o Joanne F. Meisler Suite, Apt. #, etc. 85 Livingston Avenue City & State Roseland, NJ Zip 07068		3. Mailing Address c/o Joanne F. Meisler Suite, Apt. #, etc. 85 Livingston Avenue City & State Roseland, NJ Zip 07068			
Country USA		Country USA		4. FEI Number 52-2078042	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P MONTGOMERY, GLENN A 7 BECKER FARM ROAD ROSELAND, NJ 07068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 Livingston Avenue	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT GROSSEIBL, ERIC H 7 BECKER FARM ROAD ROSELAND, NJ 07068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 Livingston Avenue	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS MEISLER, JOANNE F 7 BECKER FARM ROAD ROSELAND, NJ 07068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 Livingston Avenue	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLOOTMAKER, ADRIAN P 7 BECKER FARM ROAD ROSELAND, NJ 07068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 Livingston Avenue	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS UANINO, ANTHONY 7 BECKER FARM ROAD ROSELAND, NJ 07068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 Livingston Avenue	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MINK, WILLIAM 7 BECKER FARM ROAD ROSELAND, NJ 07068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 Livingston Avenue	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			JOANNE F. MEISLER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/10/04 Daytime Phone #: 973-740-1110		