


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # J23166</b>                      |  |
| 1. Entity Name<br><b>BELL CHEMICAL, CORP.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1420 NW 2ND AVE.<br/>SUITE #7<br/>BOCA RATON FL 33432</b> | Mailing Address<br><b>1420 NW 2ND AVE.<br/>SUITE #7<br/>BOCA RATON FL 33432</b> |
|---|---|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

1st MOORE CR2E034 (10/06)

|  |  |  |
|--|--|--|
| 4. FEI Number <b>59-2695022</b>  |  | Applied For  |
|  |  | Not Applicable                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required              |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent        |
| <b>MITCHELL, GLENN H.</b><br><b>2001 PALM BEACH LAKES BLVD.</b><br><b>SUITE 503</b><br><b>WEST PALM BEACH FL 33409</b> |  | Name   |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |
|  |  |  |
|  |  | City <b>FL</b> Zip Code                            |

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GIMBEL, STEVEN ROBERT</b>       | NAME  |   |
| STREET ADDRESS             | <b>1420 N.W. 2ND AVE. STE 7</b>    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>               | CITY-ST-ZIP   |   |
| TITLE                      | VP <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GIMBEL, LORRAINE</b>            | NAME  |   |
| STREET ADDRESS             | <b>1420 NW 2ND AVE. STE 7</b>      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>         | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |

U000000688743  
04/11/07-80007-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Steven R. Gimbel Steven R. Gimbel 4/2/07 561-391-8826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #