

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90194 010 \*\*\*158.75

**DOCUMENT # K37089**

1. Entity Name  
**BELLI & ASSOCIATES CORP.**



Principal Place of Business

~~1932 NW 82ND AVE~~  
~~MIAMI, FL 33126 US~~

Mailing Address

~~1932 NW 82ND AVE~~  
~~MIAMI, FL 33126 US~~

40083011



2. Principal Place of Business - No P.O. Box #  
**2137 NW 79TH AVE**

3. Mailing Address  
**2137 NW 79TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007

Chg-P

CR2E034 (12/06)

City & State  
**DORAL, FL**

City & State  
**DORAL, FL**

4. FEI Number  
**65-0079541**

Applied For  
Not Applicable

Zip  
**33122**

Country  
**US**

Zip  
**33122**

Country  
**US**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELLI, DORA LUZ**  
**1932 NW 82ND AVE**  
**MIAMI, FL 33126**

Name  
**BELLI, DORA LUZ**

Street Address (P.O. Box Number is Not Acceptable)  
**2137 NW 79TH AVE**

City **DORAL** **FL** Zip Code **33122**

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

*April 20 - 2007*

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BELLI, DORA LUZ**  
**1932 NW 82ND AVE**  
**MIAMI, FL 33426** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**BELLI, DORA LUZ**  
**2137 NW 79TH AVE**  
**DORAL, FL 33122** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 20 - 2007* **305-591-4272**

Date

Daytime Phone #