
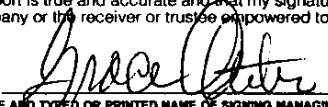


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90028 040 ***138.75

DOCUMENT # L02000011649 1. Entity Name BELLEZZA LLC					
Principal Place of Business 315 RICHFIELD ROAD UPPER DARBY, PA 19082			Mailing Address 315 RICHFIELD ROAD UPPER DARBY, PA 19082		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 03-0440858	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, SCOTT G ESQ. 1301 ASTORIA CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE				DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME AUTERI, GRACE G STREET ADDRESS 315 RICHFIELD ROAD CITY-ST-ZIP UPPER DARBY, PA 19082				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME AUTERI, Angelo STREET ADDRESS 315 Richfield Road CITY-ST-ZIP Upper Darby Pa 19082	
TITLE MGRM <input checked="" type="checkbox"/> Delete NAME GENOVESE, CARMEN STREET ADDRESS 2210 RUNNING SPRINGS PLACE CITY-ST-ZIP ENCINITAS, CA 92024				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME AUTERI, Joseph STREET ADDRESS 2515 Garrett Road CITY-ST-ZIP Drexel Hill, Pa 19026	
TITLE MGRM <input checked="" type="checkbox"/> Delete NAME GENOVESE, D'ONN STREET ADDRESS 2210 RUNNING SPRINGS PLACE CITY-ST-ZIP ENCINITAS, CA 92024				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TIZIANA AUTERI-SIMPSON STREET ADDRESS 17721 RAYMER STREET CITY-ST-ZIP North Ridge, CA 91325	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				4/25/08 610-352-3708	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	