

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063390

Entity Name: BELLCOM, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

5329 S.W. 38 AVE.
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

2844 STIRLING ROAD
K
HOLLYWOOD, FL 33020

Current Mailing Address:

5329 S.W. 38 AVE.
FT. LAUDERDALE, FL 33312

New Mailing Address:

POBOX # 1356
REDONDO BEACH, CA 90278

FEI Number: 20-3065113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, ANALIA
5329 S.W. 38 AVE.
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SCHMIDT, ANALIA
2844 STIRLING ROAD
K
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: ANALIA SCHMIDT

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHMIDT, ANALIA
Address: 5329 S.W. 38 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: MGR () Delete
Name: AMAR, SALMAN
Address: 5329 S.W. 38 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHMIDT, ANALIA
Address: 736 GOULD AVE #8
City-St-Zip: HERMOSA BEACH, CA 90254

Title: MGR (X) Change () Addition
Name: AMAR, SALMAN
Address: 2844 STIRLING ROAD SUITE K
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANALIA SCHMIDT

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date