

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101619

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** BELLAS INVESTMENTS, LLC

**Current Principal Place of Business:**

10570 NW 27 STREET  
H-102  
DORAL, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

10570 NW 27 STREET  
H-102  
DORAL, FL 33172 US

**New Mailing Address:**

10824 NW. 51 LN  
DORAL, FL 33178 US

**FEI Number:** 20-3619188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOURDES B. RIVERA, P.A.  
1929 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

BELLAS, OLGA F  
10824 NW. 51 LN  
DORAL, FL., FL 33178 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: OLGA F. BELLAS

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BELLAS, OLGA F  
Address: 10570 NW 27 STREET, H-102  
City-St-Zip: DORAL, FL 33172 US

Title: MGRM ( ) Delete  
Name: BELLAS, JORGE  
Address: 10570 NW 27 STREET, H-102  
City-St-Zip: DORAL, FL 33172 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OLGA F. BELLAS

PD

01/08/2007

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