

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36397

FILED
Jan 09, 2009
Secretary of State

Entity Name: GASTON BELLINI HOLDINGS, INC.

Current Principal Place of Business:

C/O PETER B WELLS
500 94TH AVE NORTH
SAINT PETERSBURG, FL 337022406 US

New Principal Place of Business:

Current Mailing Address:

C/O PETER B WELLS
500 94TH AVE NORTH
SAINT PETERSBURG, FL 337022406 US

New Mailing Address:

FEI Number: 59-2983515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, PETER B
500 94TH AVE NORTH
SAINT PETERSBURG, FL 337022406 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELLINI, GASTON,
Address: 3338 BRISTAL PLACE
City-St-Zip: TARPON SPRINGS, FL

Title: PST () Delete
Name: BELLINI, GASTON,
Address: 3338 BRISTAL PLACE
City-St-Zip: TARPON SPRINGS, FL

Title: V () Delete
Name: WELLS, PETER B
Address: 500 94TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 337022406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BELLINI, GASTON,
Address: 3338 BRISTOL PLACE
City-St-Zip: TARPON SPRINGS, FL 346887608 US

Title: PST (X) Change () Addition
Name: BELLINI, GASTON,
Address: 3338 BRISTOL PLACE
City-St-Zip: TARPON SPRINGS, FL 346887608 US

Title: V (X) Change () Addition
Name: WELLS, PETER B
Address: 500 94TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 337022406 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GASTON BELLINI

P

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date