

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -1 PM 2:53

CLERK OF STATE
TALLAHASSEE, FLORIDA

03-29-07 90015 026 \$150.00



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| DOCUMENT # M48074 | | | |
| 1. Entity Name BELLE ISLE ASSOCIATES, INC. | | | |
| Principal Place of Business 2455 HOLLYWOOD BLVD STE 104 HOLLYWOOD, FL 33020 US | | Mailing Address 2455 HOLLYWOOD BLVD STE 104 HOLLYWOOD, FL 33020 US | |
| 2. Principal Place of Business - No P.O. Box # 1005 KANE CONCOURSE Suite, Apt. #, etc. #203 | | 3. Mailing Address SAME Suite, Apt. #, etc. | |
| City & State BAY HARBOR IS, FL | | City & State L | |
| Zip 33154 | | Country US | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| | | Name KRIS DOUGHERTY Street Address (P.O. Box Number is Not Allowed) 1005 KANE CONCOURSE City BAY HARBOR IS FL Zip Code 33154 | |
| 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 <u>Kris Dougherty</u> 4.24.07 <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when remitting)</small> DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DIRECTOR KELLY WARREN 20440 NE 34 CT AVENTURA, FL 33180 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Kelly Warren Director</u> apr. 23, 07- <small>(Signature and typed or printed name of signing officer or director) Date Daytime Phone #</small> | | | |