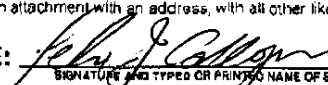


2004 FOR PROFIT CORPORATION ANNUAL REPORT 012004

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90724 041 ***150.00

DOCUMENT # M61323					
1. Entity Name BELLA NAPOLI, INC.					
Principal Place of Business 1443 ALTON ROAD MIAMI BEACH, FL 33139 US			Mailing Address 1443 ALTON ROAD MIAMI BEACH, FL 33139 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FBI Number 65-0010598				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GALLEGOS, JULIAN 1443 ALTON ROAD MIAMI BEACH, FL 33139			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ SIGNATURE, TYPE OR PRINTED NAME OF REGISTERED AGENT AND OFFICE, IF APPLICABLE (NOTE: Registered Agent signature required when retaking fee) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GALLEGOS, FELIPE		NAME		
STREET ADDRESS	1443 ALTON RD		STREET ADDRESS		
CITY- ST- ZIP	MIAMI BEACH, FL 33139		CITY- ST- ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GALLEGOS, JULIAN		NAME		
STREET ADDRESS	1443 ALTON RD		STREET ADDRESS		
CITY- ST- ZIP	MIAMI BEACH, FL 33139		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					