## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## **DOCUMENT # M71748** 1. Entity Name FILED HENRY BELLO INSURANCE AGENCY, INC. 07 JUL 24 PM 1: 17 Principal Place of Business Mailing Address % ENRIQUE A. BELLO % ENRIQUE A. BELLO ui siate 1450 W 68TH ST 1450 W 68TH ST MIAMI, FL 33014 MIAMI, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07122007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 65-0050429 Not Applicable dis Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELLO, ENRIQUE A. 1450 W 68TH ST Street Address (P.O. Box Number is Not Acceptable) HIALEAH, FL 33014 City Zip Code Fi 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Delete TITLE TITLE ☐ Change Addition BELLO, ENRIQUE A. NAME NAME 1450 W 68TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIF HIALEAH, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition martinez, Christina NAME NAME STREET ADDRESS STREET ADDRESS 1450 West 68 Street Highlan PC 33014 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE X Addition ☐ Change NAME Bello, Elizabeth NAME STREET ADDRESS STREET ADDRESS 1450 West 68 street CITY-ST-ZIP CITY-ST-ZIP 1 AUGH FL 33014 TITLE ☐ Delete TITLE Change Addition NAME Bello, Enrique E 1450 West 68 Struct NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-702 Hialean FL 33014 TITLE ☐ Delete TITLE Change Addition 🔯 NAME Bello Rebecca 1450 West 68 Struct NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS -01042--001 CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied indicated on this report or supplemental rep th this fi ng does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trusted лате appears in Block 10 or Block 11 if her like empowered. changed, or on an attachment with SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #