


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90047 035 ***150.00

DOCUMENT # P00000028524																																																																							
1. Entity Name BELTWIDE, INC.																																																																							
Principal Place of Business 8870 N HIMES AVE BOX 353 TAMPA, FL 33614			Mailing Address 8870 N HIMES AVE BOX 353 TAMPA, FL 33614																																																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																					
City & State		City & State																																																																					
Zip	Country	Zip	Country	4. FEI Number 59-3639722																																																																			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																			
MIGLIANTI, CHARLES G 8639 N.HIMES AVE #3209 TAMPA, FL 33614				Name Miglianti, Charles Street Address (P.O. Box Number is Not Acceptable) 8870 N.Himes Ave Box 353 City Tampa FL Zip Code 33614																																																																			
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><i>Charles Miglianti</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PD MIGLIANTI, CHARLES G <input type="checkbox"/> Delete</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PD Miglianti, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">8639 N.HIMES AVE.APT 3209</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">8709 Sleepy oak place</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">TAMPA, FL 33614</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">Tampa FL 33614</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PD MIGLIANTI, CHARLES G <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PD Miglianti, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	8639 N.HIMES AVE.APT 3209		NAME	8709 Sleepy oak place		STREET ADDRESS	TAMPA, FL 33614		STREET ADDRESS	Tampa FL 33614		CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																				
TITLE	PD MIGLIANTI, CHARLES G <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PD Miglianti, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																			
NAME	8639 N.HIMES AVE.APT 3209		NAME	8709 Sleepy oak place																																																																			
STREET ADDRESS	TAMPA, FL 33614		STREET ADDRESS	Tampa FL 33614																																																																			
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
CITY-ST-ZIP			CITY-ST-ZIP																																																																				
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><i>Charles Miglianti</i></u>			3/22/08 (813) 931-8884 Date Daytime Phone #																																																																				