

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000028524

Entity Name: BELTWIDE, INC.

**FILED**  
**Jul 28, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8870 N HIMES AVE  
BOX 353  
TAMPA, FL 33614

## **New Principal Place of Business:**

8870 N HIMES AVE  
353  
TAMPA, FL 33614

## **Current Mailing Address:**

8870 N HIMES AVE  
BOX 353  
TAMPA, FL 33614

## **New Mailing Address:**

8870 N HIMES AVE  
353  
TAMPA, FL 33614

FEI Number: 59-3639722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

RAMOS, JOSE  
8870 N HIMES AVE  
BOX 353  
TAMPA, FL 33614 US

## **Name and Address of New Registered Agent:**

MIGLIANTI, CHARLES G  
8870 N HIMES AVE  
353  
TAMPA, FL 33614 US

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: CHARLES G MIGLIANTI

07/28/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: MIGLIANTI, CARMEN M  
Address: 8709 SLEEPY OAK PLACE  
City-St-Zip: TAMPA, FL 33614

Title: VP  
Name: MIGLIANTI, CHARLES G  
Address: 8709 SLEEPY OAK PLACE  
City-St-Zip: TAMPA, FL 33614 US

I hereby 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 all other like empowered.

SIGNATURE: CARMEN M MIGLIANTI

PD

07/28/2011

Electronic Signature of Signing Officer or Director

Date