2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000056981

1. Entity Name

BELMAR & ASSOCIATES, INC.



Principal Place of Business

5401 COLLINS AVENUE

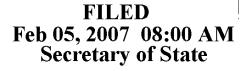
UNIT CU5

MIAMI BEACH, FL 33140

Mailing Address

5401 COLLINS AVENUE UNIT CU5

MIAMI BEACH, FL 33140





01202007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1018905 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEYVA, BELKYS 5401 COLLINS AVENUE UNIT CU5 MIAMI BEACH, FL 33140

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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 little if applicable

(NOTE: Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PD TITLE LEYVA, BELKYS NAME 5401 COLLINS AVENUE UNIT CU5 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 SVTD TITLE NAME ARENCIBIA, MARTA STREET ADDRESS 5401 COLLINS AVENUE UNIT CU5 MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000622256 02/13/07-80018-018 150.00

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12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED AT PRINTED NAMBOF SIGNING OFFICER OR DIRECTOR

1-20-07

Date

Daytane Phone #