2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90064 002 ***150.00

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04162004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000065649

1. Entity Name
BELL PARR COMPUTER, INC.

Principal Place of Business	Mailing Address
8051 NW 36 ST, SUITE 60 MIAMI, FL 33166	8051 NW 36 ST, SUITE 60 MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
531 RACKET CLUB RD	531 RACKET CLUB RD
Suite, Apt. #, etc. # 41	Suite, Apt. #, etc. #41
City & State WESTON FL	City & State WESTON FL
Zip 33326 Country USA	Zip 33326 Country USA

4. FEI Number 65-1026117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORTAIN, SONIA
524 S. ANDREWS AVE, SUITE 101 N.
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name BORTOLIN, SONIA
Street Address (P.O. Box Number is Not Acceptable) 524 S. ANDREWS AVE. SUITE 101 N.
City FORT LAUDERDALE FL Zip Code 33301

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 by- Sonia Bortolin, Esq DATE 4-16-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, ALEJANDRO J 531 RACKET CLUB RD., #41 WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PARR DE BELLO, ANNE M 531 RACKET CLUB RD., #41 WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______ 04-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #