2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000025275

05 MAY -6 PM 12:26

1. Entity Name

BELLO ENTERPRISES GROUP INC

Principal Place of Business	Mailing Address
5042 SW 145 AVE Miami Fl 33175	

01312005 Chg-P CR2E034 (10/03) 05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # (if any)	Suite, Apt. # (if any)
City & State	City & State
Zip / City	Zip / Country

4. FEI Number: 65-1097858 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Barbara Bello
5042 SW 145 Ave
Miami Fl 33175

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Barbara Bello (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME BARBARA BELLO STREET ADDRESS CITY-ST-ZIP	5042 SW 145 Ave. Miami Fl 33175	☐ Delete
TITLE VD NAME Efren Bello STREET ADDRESS 5042 SW 145 Ave CITY-ST-ZIP Miami Fl 33175		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400054668054 05/17/05--01030--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 above, or on an attached sheet with an address, with all other like empowered.

SIGNATURE: Barbara Bello Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR