FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 18, 2004 8:00 am DOCUMENT # **Secretary of State** PO1000080852 1. Entity Name 03-18-2004 90011 031 ***150.00 BELLA MARKET CORPORATION DO NOT WRITE IN THIS SPACE 54019420 2. Principal Place of Business 3. Mailing Address 2800 NW 13 AVE 2800 NW 13 AVE Suite Apt. # etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State MIAMI FL 33142 MIAMI FL Not Applicable 65-1130587 Country \$8.75 Additional 7in Country 5. Certificate of Status Desired 33142 U.S.A. Fee Required 33142 U.S.A 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 -9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE PVST TITLE CRUZ B. SUAZO NAME NAME STREET ADDRESS STREET ADDRESS 2800 NW 13 AVE CITY-ST-ZIP CITY-ST-ZIP. MIAMI, FL 33142 TiTi F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 lirect 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 11 or on any B. SUAZO

SIGNATURE:

FILED