

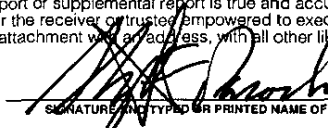


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90033 036 \*\*\*150.00

<b>DOCUMENT # P01000082019</b> 1. Entity Name <b>BELLA VERDE, INC.</b>					
Principal Place of Business <b>15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446</b>			Mailing Address <b>15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446</b>		
2. Principal Place of Business <b>5350 W. Atlantic Ave</b> Suite, Apt. #, etc. <b>100</b> City & State <b>Delray Beach, FL</b> Zip <b>33484</b>		3. Mailing Address <b>5350 W. Atlantic Ave</b> Suite, Apt. #, etc. <b>100</b> City & State <b>Delray Beach, FL</b> Zip <b>33484</b>			
4. FEI Number <b>30-0032430</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>KORN, GARY ESQ 20801 BISCAYNE BLVD SUITE 501 AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEINBERG, ANDREW 15340 JOG ROAD, STE 100 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	Andrew Steinberg 5350 W Atlantic Ave suite 100 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWARTZ, RICHARD 15340 JOG ROAD, STE 100 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE DT NAME STREET ADDRESS CITY-ST-ZIP	Richard Swartz 5350 W. Atlantic Ave. suite 100 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PACOCOA, STEPHEN 15340 JOG ROAD, STE 100 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE SV NAME STREET ADDRESS CITY-ST-ZIP	Stephen Pacocha 5350 W. Atlantic Ave. suite 100 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>Stephen F. Pacocha, SV</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>1-29-04</b>				Daytime Phone # <b>561638 3600</b>	