2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR

FILED May 05, 2004 8:00 am Secretary of State

DOCUMENT # P0200001148 1. Entily Name BELM INVESTMENT INC.						05-05-200	4 90200 0	001 ***15	50.00	
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			MANNE INTER MENN BAIEN MAN	==::: -=:=: ::	7098	5 111 114	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Chg-P	CR2E03	4 (10/03)		
City & State		С	ly & State		4. FEI Numbe 94-341			<u> </u>	olied For Applicable	
Zip	Country		þ	Country	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Regist	ered Agent	Llane	7. Name and	Address of New F	Registered A	gent		
	OBAL CORPORATE ADMINI ELL KEY DRIVE SUITE 0-30 33131		TION, INC	Street Address	Brick	er is Not Acceptable Let Key	80.7 FL	Zip Code	305	
	named entity submits this statement ions of registered agent. Signature, typed or primod name of registered agen			registered diffice or reg		th, in the State of FI		omiliar with, a	and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	0.00	9. Election Campa Trust Fund Cont	• -	\$5.00 May Be Added to Fees					
10.	OFFICERS AN	D DIREC		11.	ADDITIONS	CHANGES TO OF	FICERS AND			
TRLE NAME STREET ADDRESS CHY-SI-ZIP	CHACIN, LUIS 520 BRICKELL KEY DRIVE SU MIAMI, FL 33131	Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLAVARRIA, BELKIS 520 BRICKELL KEY DRIVE SU MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		
HILE NAME STREET ADDRESS CITY-SI-ZIP	D GARCIA, MILAGROS . 520 BRICKELL KEY DRIVE SU MIAMI, FL 33131	HILE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D HERRERA, MARIA 520 BRICKELL KEY DRIVE SL MIAMI, FL 33131	ЛТЕ 0-3	□ Delete	111LE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIF			☐ Delete	TIILE NAME STREEF ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
12. I hereby indicated of the corchanged	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee em or on an attachment with an address	rith this fil t is true a powered s, with all	ing does not qualify fo nd accurate and all to expense of powers of	or the exemption stated my signature shall have t as required by Chapte t.	in Section 119,07(3) the same legal effe or 607, Florida Statut	i(i), Florida Statutes of as if made under es; and that my nar	. I further cert oath; that f a ne appears in	ily that the ir m an officer Block 10 or	nformation or director Block 11 if	