

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000035318

Entity Name: BELLAMARE UNIT 1504, INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

1090 SUNFLOWER CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1090 SUNFLOWER CIRCLE
WESTON, FL 33327

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRISALES-RACINI, OSCAR
999 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: OSCAR GRISALES

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ECHEVERRY, MARCO
Address: 1090 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: VD () Delete
Name: BETANCUR, ROMULO L
Address: 1090 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: SD () Delete
Name: SALAZAR, ADRIANA
Address: 1090 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: SD () Delete
Name: MARTINEZ, ELIANA P
Address: 1090 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: TD () Delete
Name: ECHEVERRY, RICARDO
Address: 1090 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: GRISALES, HUMBERTO
Address: 1090 SUNFLOWER CIRCLE
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCO ECHEVERRY

PD

06/29/2005

Electronic Signature of Signing Officer or Director

Date