


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-10-2004 90002 046 \*\*\*550.00

<b>DOCUMENT # P02000038897</b> 1. Entity Name <b>BELLA VISTA TECH, INC.</b>			
Principal Place of Business <b>222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH, FL 33401</b>		Mailing Address <b>222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH, FL 33401</b>	
2. Principal Place of Business <b>19935 N.E. 39th Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>150 New Highway</b> Suite, Apt. #, etc.	
City & State <b>Aventura, FL</b>		City & State <b>Amityville, NY</b>	
Zip <b>33180</b>		Zip <b>11701</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>KOEPEL, JOEL P 222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Richard P. Koepfel</b> Street Address (P.O. Box Number is Not Acceptable) <b>19935 N.E. 39th Place</b> City <b>Aventura</b> FL Zip Code <b>33180</b>	
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 \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOEPEL, JOEL P</b> <b>222 LAKEVIEW AVENUE SUITE 260</b> <b>WEST PALM BEACH, FL 33401</b> <input checked="" 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	P <b>KOEPEL, RICHARD P</b> <b>19935 N.E. 39TH PLACE</b> <b>AVENTURA, FL 33180</b> <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	VP <b>KOEPEL, SUSAN</b> <b>19935 N.E. 39TH PLACE</b> <b>AVENTURA, FL 33180</b> <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
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.			
SIGNATURE: <u><i>Richard P. Koepfel</i></u> <b>Richard Koepfel President 7-9-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

**54072305**



07062004 Chg-P CR2E034 (10/03)

4. FEI Number **04-3669099** Applied For ☐ Not Applicable

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