


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90008 030 \*\*\*150.00

<b>DOCUMENT # P02000089364</b>	
1. Entity Name <b>BELLA MARE UNIT 203, INC.</b>	

Principal Place of Business <b>16500 COLLINS AVE., APT., 454 NORTH MIAMI BEACH, FL 33160</b>	Mailing Address <b>16500 COLLINS AVE., APT., 454 NORTH MIAMI BEACH, FL 33160</b>
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**44003271**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01192004 Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0745360</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBAYNA, MIGUEL ANGEL 16500 COLLINS AVE, #454 NORTH MIAMI BEACH, FL 33160		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Trust Fund Contribution <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBAYNA, MIGUEL ANGEL		NAME	<b>MIGUEL ANGEL ROBAYNA</b>			
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 2600		STREET ADDRESS	<b>16500 COLLINS AVENUE #454</b>			
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	<b>SUNNY ISLES BEACH, FL 33160</b>			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>V/D/T</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RUEDA DE ROBAYNA, MIRTA SUSANA		NAME	<b>MARIA EUGENIA ROBAYNA</b>			
STREET ADDRESS	16500 COLLINS AVE, #454		STREET ADDRESS	<b>16500 COLLINS AVENUE #454</b>			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	<b>SUNNY ISLES BEACH, FL 33160</b>			
TITLE	S	<input type="checkbox"/> Delete	TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PIGRI, LUCIANO R		NAME	<b>PIERI, LUCIANO</b>			
STREET ADDRESS	16500 COLLINS AVE, #454		STREET ADDRESS	<b>16500 COLLINS AVENUE #454</b>			
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP	<b>SUNNY ISLES BEACH, FL 33160</b>			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: **Miguel A Robayna** **01/20/04** **305-968-6281**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #