2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 8:00 am Secretary of State

DOCUMENT # P02000089364						03-02-2005 90076 035 ***150.00				
1. Entity Name BELLA MARE UNIT 203, INC.										
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			*			-		4 H D I	• • •	
•			Mailing Address 16500 COLLINS AVE.,			20017666				
APT., 454	13 HVE.,	APT, 4	APT., 454					, 4		1
	BEACH, FL 33160	NORTH	i Miami Beach,	FL 3316	50	1 1861(80) 111 1	13 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16	ea nn ao na iomh hai	ani mun mun mun	61) (1) (10)
2. Principal Pla	ace of Business	3. Mailin	g Address							
16500 0	collins are	2121	PONCE.	de L	eon Blu	d '''''''			ME INSENDINGE	
Suite, Apt. #	, etc.	Suite,	Apt. #, etc.			02182005	Chg-P	CR2E0	34 (10/03)	
+ 454 City & State			4 740 City & State			4. FEI Numbe			Api	plied For
SUNNY	Isles Boch		AL GAL	ole5	,FL_	01-0745			No	t Applicable
Zip - /-	Country -	Zip		Coun		5. Certificate	of Status Desired	y	\$8.75 Addi	itional
3316c	6. Name and Address of Curren	1331 It Registered	29 Agent	HIM	rii dode		Address of Nev			<u> </u>
					Name					
ROBAYNA, MIGUEL ANGEL					Street Address (P.O. Box Number is Not Acceptable)					
16500 COLLINS AVE, #454 NORTH MIAMI BEACH, FL 33160							·			
							,			
	•				City			FL	Zip Code	3
	named entity submits this statement	for the purpo	se of changing it	s register	ed office or regis	tered agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept
the obligation	ons of registered agent.									
SIGNATURE_				TED -: 1				DATE		
	Signature, typed or printed name of registered age	mt and the happin	cable. (NC	ric; negistere	ed Agent signature requi	iled wileti iekistatiig)		DATE		
FiLI	E NOW!!! FEE IS \$150.00	9	Election Camp			5.00 May Be				
After Ma	y 1, 2005 Fee will be \$550	0.00	Trust Fund Cor	ntribution.	. LJ A	dded to Fees				
10.	OFFICERS AN	ID DIRECTOR	RS .	11.		ADDITIONS/	CHANGES TO C	OFFICERS AND	DIRECTOR	3 IN 11
TITLE .	PD		☐ Delete	TITU					Change	Addition Addition
NAME STREET ADDRESS	ROBAYNA, MIGUEL ANGEL A6500 COLLINS AVE., #454			NAA STR	AE EET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33	160			Y-ST-ZIP					
TITLE	D		☐ Delete	TITL	.E				☐ Change	☐ Addition
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ME					
STREET ADDRESS CITY-ST-ZIP	16500 COLLINS AVE, #454 NORTH MIAMI BEACH, FL 33	1160	•		REET ADDRESS Y-ST-ZIP					
THLE	's ***		☐ Delete	TIT	LE				☐ Change	- Addition
NAME	PIERI, LUCIANO			NAJ	VIE .					
STREET ADDRESS	A6500 COLLINS AVE. #454				REET ADDRESS					
CITY-ST-ZIP	SUNNY ISLES, FL 33160			TIT	Y-ST-ZIP	-			☐ Change	☐ Addition
TITLE NAME	VDT ROBAYNA, MARIA E		☐ Delete	NAI	1				Onlings	
STREET ADDRESS	A6500 COLLINS AVE. #454			STE	REET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33	3160		CIT	Y-ST-ZIP					
TITLE			☐ Delete	TIT	i			c	☐ Change	Addition
NAME STREET ADDRESS				NA em	me Reet address					
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			☐ Delete	TIT	LE				☐ Change	Addition
NAME					ME					
STREET ADDRESS					REET ADDRESS					
CITY-ST-ZIP	certify that the information supplied y	with this file-	dage not qualify		FY-ST-ZIP	Section 118 07(2)	(i) Florida Status	tae I further or	artify that the	information

2. I hereby certify that the information supplied with this filing does not quality 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 there like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305-968-6281

02/21/05