

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090195

FILED
Apr 30, 2004
Secretary of State

Entity Name: S.T.P. BELL ENTERPRISES CORP.

Current Principal Place of Business:

2124 SW 132ND TERRACE
MIRAMAR, FL 33027

New Principal Place of Business:

2124 SW 132ND TERRACE
SUITE 700
MIRAMAR, FL 33027

Current Mailing Address:

2124 SW 132ND TERRACE
MIRAMAR, FL 33027

New Mailing Address:

2124 SW 132ND TERRACE
SUITE 700
MIRAMAR, FL 33027

FEI Number: 82-0561545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. PATRICK-BELL, DENISE R
2124 SW 132ND TERRACE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

ST. PATRICK-BELL, DENISE R
2124 SW 132ND TERRACE
SUITE 700
MIRAMAR, FL 33027 US

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: DENISE ST. PATRICK-BELL

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P. () Delete
Name: ST. PATRICK-BELL, DEVON
Address: 2124 SW 132ND TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Delete
Name: ST. PATRICK-BELL, DENISE
Address: 2124 SW 132ND TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: SEC () Delete
Name: TRAWICK, SARITA E
Address: 4056 SE WASHINGTON STREET
City-St-Zip: PORTLAND, OR 97222 US

Title: TRES () Delete
Name: BELL, ANTHONY O
Address: 2307 130TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Delete
Name: BELL, PHYLLIS
Address: 10 BOWERS DR
City-St-Zip: OLD HARBOUR, JAMAICA, WI 00000

Title: VP () Delete
Name: JONES, PAULINE
Address: 207G NORTH ELM STREET
City-St-Zip: WATERBURY, CT 06702

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

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: DEVON ST. PATRICK-BELL

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date