

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000090195

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



Principal Place of Business
**2124 SW 132ND TERRACE
SUITE 700
MIRAMAR, FL 33027**

Mailing Address
**2124 SW 132ND TERRACE
SUITE 700
MIRAMAR, FL 33027**



05112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0561545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

UN00000366525
05/13/05-800007-011-150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ST. PATRICK-BELL, DEVON 2124 SW 132ND TERRACE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ST. PATRICK-BELL, DENISE 2124 SW 132ND TERRACE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TRAWICK, SARITA E 4056 SE WASHINGTON STREET PORTLAND, OR 97222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BELL, ANTHONY O 2307 130TH TERRACE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, PHYLLIS 10 BOWERS DR OLD HARBOUR, JAMAICA, WI 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, PAULINE 207G NORTH ELM STREET WATERBURY, CT 06702

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

5/11/05 954-917-8477
Date Daytime Phone #