


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90017 049 ***150.00

DOCUMENT # P02000118395	
1. Entity Name BELLO AND BELLO LAND SURVEYING CORPORATION	

Principal Place of Business 12230 S.W. 131ST AVENUE SUITE 201 MIAMI, FL 33186	Mailing Address 12230 S.W. 131ST AVENUE SUITE 201 MIAMI, FL 33186
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

44017306



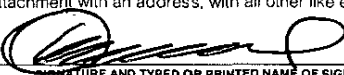
03122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BELLO, ODALYS C P.S.M. 12230 S.W. 131ST AVENUE SUITE 201 MIAMI, FL 33186	
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7. Name and Address of New Registered Agent Name ODALYS C. BELLO Street Address (P.O. Box Number is Not Acceptable) 12230 S.W. 131 AVENUE City MIAMI FL Zip Code 33186	
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 ODALYS C. BELLO <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 3-12-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete BELLO, ODALYS C P.S.M. 12230 S.W. 131ST AVENUE, SUITE 201 MIAMI, FL 33186	TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ODALYS C. BELLO 15870 S.W. 140 STREET MIAMI-FL 33196
TITLE VP	<input checked="" type="checkbox"/> Delete BELLO, KENIA 12230 S.W. 131ST AVENUE, SUITE 201 MIAMI, FL 33186	TITLE D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KENIA BELLO 6222 S.W. 114 AVE MIAMI-FL 33173
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3-12-04 <small>Daytime Phone #</small>