2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# P02000123883

Entity Name: BELLA MARE UNIT 1802, CORP.

Current Principal Place of Business:

17600 COLLINS AVE
SUNNY ISLES, FL 33160

New Principal Place of Business:

17971 BISCAYNE BLVD
203
AVENTURA, FL 33160

Current Mailing Address:

5600 COLLINS AVE
12 U
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 14-1858867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEISMAN, MIRTA
5600 COLLINS AVE, SUITE 12-U
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: FLEISMAN, MIRTA
Address: C/O 5600 COLLINS AVE, APT 12-U
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete
Name: GRACIELA SZLAIFER-SH, ALEU
Address: C/O 5600 COLLINS AVE, APT 12-U
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: FLEISMAN, ALBERTO
Address: C/O 5600 COLLINS AVE, APT 12-U
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: KRASNY, ARTURO
Address: C/O 5600 COLLINS AVE, APT 12-U
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: LIFSHITZ, EDUARDO
Address: C/O 5600 COLLINS AVE, APT 12-U
City-St-Zip: MIAMI BEACH, FL 33140

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:

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: MIRTA FLEISMAN PSTD 03/10/2005

Electronic Signature of Signing Officer or Director — Date