2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 05, 2004 8:00 am Secretary of State **DOCUMENT # P03000019989** 05-05-2004 90224 018 ***150.00 THE BELVEDERE DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 24070176 1633 S.E. 47TH TERRACE 1633 S.E. 47TH TERRACE CAPE CORAL, FL CAPE CORAL, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 20186279 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROLLINGS, HARVEY Street Address (P.O. Box Number is Not Acceptable) 1633 S.E. 47TH TERRACE CAPE CORAL, FL Zip Code 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CIRRINCIONE, THOMAS NAME STREET ADDRESS 1320 WEST ABINGTON CAMBS STREET ADDRESS CITY-ST-ZIP LAKE FOREST, IL 60045 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CIRRINCIONE, ROSE NAME STREET ADDRESS 4656 OZANAM ROAD STREET ADDRESS CITY-ST-ZIP MORRIDGE, IL 60706 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CIRRINCIONE, SALVATORE NAME NAME STREET ADDRESS 13 SHORELINE DRIVE STREET ADDRESS CITY-ST-7IP SOUTH BARRINGTON, IL 600015310 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 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 accordate 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 empoyed of 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 empoyeded.

FILED