

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/13/2004-90005-042-\$150.00-\$150.00

DOCUMENT # P03000028360

1. Entity Name
BELLA ROSE WEDDING AND EVENT DESIGN, INC.



FILED
04 OCT -5 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

Principal Place of Business
**2646 CEDAR VIEW COURT
CLEARWATER FL 33761**

Mailing Address
**2646 CEDAR VIEW COURT
CLEARWATER FL 33761**

2. Principal Place of Business
655 Cohn Lane

3. Mailing Address
Safety Harbor FL

Suite, Apt. #, etc.
34695

City & State
USA Pinellas County

Zip
USA

Country
Pinellas County

6. Name and Address of Current Registered Agent
**MELI, ROBERT C
2646 CEDAR VIEW COURT
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent
REINSTATEMENT

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 **Robert C Meli, President** DATE **9/7/04**

FILE NOW!!! FEE IS \$550.00 - 150.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELI, ROBERT C 2646 CEDAR VIEW COURT CLEARWATER FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Robert C. Meli** DATE **9/7/04** DAYTIME PHONE # **727.726.0064**

Attachment

2 of 2

~~Doc # 54072760~~
~~P03000028360~~
Bella Rose Wedding & Event Design
655 Cohn Lane
Safety Harbor, Florida 34695

September 8, 2004

To Whom It May Concern:

I am writing this letter to ask that the Profit Annual Report Fees that are due by September 8, 2004 be waived.

I called the Divisions of Corporation and they mentioned a notice that I should have received regarding the Annual Report? I am not aware any notice that was sent to Bella Rose in May regarding fees (we were in a process of moving home/residence)?

The Division of Corporations asked us to write this letter and include a check for \$150.00 for the Annual Report fees for Bella Rose Wedding & Event Design (Document # P03000028360).

I would also like to mention that Bella Rose has moved it's place of business to 655 Cohn Lane, Safety Harbor, FL 34695, if would please make note.

If you have any questions regarding these, you can contact me at home at 727-726-0064.

Regards,

Robert C. Meli

Robert C. Meli
President