

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90167 015 ***150.00

DOCUMENT # P03000052914

1. Entity Name

BELLE PARETE, INC.



Principal Place of Business

**1740 12TH AVE N.E.
NAPLES FL 34120**

Mailing Address

**1740 12TH AVE N.E.
NAPLES FL 34120**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

41-2095414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, CHRISTIAN A
2626 FOUNTAIN VIEW CIRCLE
APT 101
NAPLES FL 34109-171**

7. Name and Address of New Registered Agent

Name **Christian Fernandez**
Street Address (P.O. Box Number is Not Acceptable)
1740 12th AVE N.E.
City **Naples** FL Zip Code **34120**

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

**FILE NOW! FEE IS \$150.00
After May 1, 2005 fee will be \$550.00
Make Check payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CHRISTIAN A	
STREET ADDRESS	9310 SW 100 AVE RD	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUA DE FERNANDEZ, KARINA A	
STREET ADDRESS	9310 SW 100 AVE RD	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christian A. Fernandez	
STREET ADDRESS	1740 12th AVE N.E.	
CITY-ST-ZIP	Naples, FL 34120	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karina A. Fernandez	
STREET ADDRESS	1740 12th AVE N.E.	
CITY-ST-ZIP	Naples, FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #