

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000077043

**1. Entity Name
BELLMAR LAND, INC.**



**Principal Place of Business
14171 LEANING PINE DR.
MIAMI LAKES, FL 33014**

**Mailing Address
14171 LEANING PINE DR.
MIAMI LAKES, FL 33014**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-0091672**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BELLO, ALBERTO
14171 LEANING PINE DR.
MIAMI LAKES, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

1000000224153
02/10/05-80073-001 75.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINEZ, RAFAEL
STREET ADDRESS	9741 NW 24 TERR
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	V
NAME	BELLO, ALBERTO
STREET ADDRESS	14171 LEANING PINE DR.
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1000000224153
02/10/05-80073-002 75.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/2/05

305-525-010