

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 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**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-0091672**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fees 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, 2006 Fee will be \$550.00**

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

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

**U00000429335
02/22/06-80004-005 75.00**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**P
MARTINEZ, RAFAEL
9741 NW 24 TERR
MIAMI, FL 33172**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**V
BELLO, ALBERTO
14171 LEANING PINE DR.
MIAMI LAKES, FL 33014**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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CITY-ST-ZIP**

**U00000429335
02/22/06-80004-006 75.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

1/31/06

305-525-0104