## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 19, 2007 08:00 AM DOCUMENT # P03000077043 **Secretary of State** 1. Entity Name BELLMAR LAND, INC. Principal Place of Business Mailing Address 14171 LEANING PINE DR. 14171 LEANING PINE DR. MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 03072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0091672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent **BELLO, ALBERTO** DO NOT WRITE 14171 LEANING PINE DR. MIAMI LAKES, FL 33014 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 Fiorida. I am familiar with, and accept the obligations of registered agent. U00000672074 03/28/07-80054-006 75.00 SIGNATURE Signature, typed or printed name of registered agant and little if applicable (NOTE Registered Agent signature required when reinstating) 000000672074 03/28/07-80054-005 75.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MARTINEZ, RAFAEL STREET ADDRESS 9741 NW 24 TERR CITY-ST-ZIP MIAMI, FL 33172 TITLE **BELLO, ALBERTO** NAME STREET ADDRESS 14171 LEANING PINE DR. CITY-ST-ZIP MIAMI LAKES, FL 33014 TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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: A SIGNATURE AND TYPED

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-525

Daylime Phone #

FILED