FILED
Apr 12, 2004 8:00 am
Secretary of State

03-12-2004 90036 041 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000087713

1. Entity Name
BELLA BY DESIGN, INC.

66410946

03052004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~100 EDGEWATER DRIVE~~	~~100 EDGEWATER DRIVE~~
~~SUITE 232~~	~~SUITE 232~~
~~CORAL GABLES, FL 33133~~	~~CORAL GABLES, FL 33133~~

2. Principal Place of Business: 10110 Broad Channel Dr
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33157 Country: U.S.A.

3. Mailing Address: 10110 Broad Channel Dr
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33157 Country: USA

4. FEI Number: 81-0626299 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Elizabeth Scarcell
Street Address (P.O. Box Number is Not Acceptable): 10110 Broad Channel Drive
City: MIAMI FL Zip Code: 33157

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: Elizabeth R. Scarcell (Registered Agent Signature (required when reinstating)) 4/9/04 Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCARCELL, LINDA M 100 EDGEWATER DRIVE CORAL GABLES, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Linda M Scarcell (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 3/10/04 Date 305-251-0861 Daytime Phone #