

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90033 050 \*\*\*150.00

**DOCUMENT # P03000095364**

1. Entity Name

D'BELLO SHOES, INC.



Principal Place of Business

8630 MILLS DRIVE  
MIAMI FL 33186

Mailing Address

10945 SW 36 STREET  
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1894247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELLO, MADELYN V  
10945 SW 36 STREET  
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

JOAQUIN N. BELLO

Street Address (P.O. Box Number is Not Acceptable)

16103 SW 55 TER

City

MIAMI

FL

Zip Code

33185

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

*Joquin Bello*  
Signature, type or printed name of registered agent and title if applicable

JOAQUIN BELLO / VP

DATE

4/1/06

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2006 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	VP	<input checked="" type="checkbox"/> Delete
NAME	BELLO, MADELYN V	
STREET ADDRESS	10945 SW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	PS	<input type="checkbox"/> Delete
NAME	BELLO, MARILYN	
STREET ADDRESS	10945 SW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BELLO, JOAQUIN N	
STREET ADDRESS	16103 SW 55 TERRACE	
CITY-ST-ZIP	MIAMI FL 33185	
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 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		
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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 exemptions contained in Section 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:

*Joquin Bello*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAQUIN N. BELLO

DATE

4/1/06

305 3107302

Daytime Phone #