


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90018 039 \*\*\*158.75

**DOCUMENT # P03000105185**

1. Entity Name  
**BEL COMPOSITE AMERICA INC.**



Principal Place of Business      Mailing Address

**19801 E. COUNTRY CLUB DRIVE  
 SUITE #306  
 AVENTURA, FL 33180**

**19801 E. COUNTRY CLUB DRIVE  
 SUITE #306  
 AVENTURA, FL 33180**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suit 306**      **Suite 306**

City & State      City & State

**Aventura**      **Aventura.**

Zip      Country      Zip      Country

**33180**      **USA**      **33180**      **USA**

03092004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**36-1083677**      Not Applicable

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.  
 103 NORTH MERIDIAN STREET  
 LOWER LEVEL  
 TALLAHASSEE, FL 32301**

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

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <input type="checkbox"/> Delete <b>KESSELMAN, ARIEL</b>	TITLE & NAME	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kesselman, Ariel</b>
STREET ADDRESS	<b>20801 BISCAYNE BLVD. #403</b>	STREET ADDRESS	<b>19801 E Country Club DR-Suite 306</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>	CITY-ST-ZIP	<b>Aventura FL 33180</b>
TITLE & NAME	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:       X 3/11/04      3059330570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #