

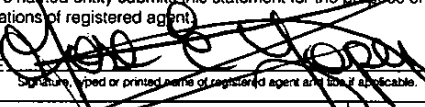
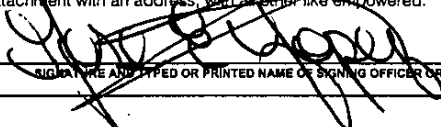


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90024 028 ***150.00

DOCUMENT # P03000144602 1. Entity Name BEL AIR MOTEL, INC.					
Principal Place of Business 1202 N. KROME AVENUE HOMESTEAD, FL 33030			Mailing Address 11991 S.W. 94TH STREET MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 14021 S.W. 143 CT #6		 02032006 Chg-P CR2E034 (11/05)	
City & State		City & State MIAMI-FLORIDA			
Zip		Zip 33186			
Country		Country			
4. FEI Number 20-0464401				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, JOSE E 11991 S.W. 94 STREET MIAMI, FL 33186			7. Name and Address of New Registered Agent Name LOPEZ JOSE E Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City MIAMI-FLORIDA FL Zip Code 33186		
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:  3/8/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LOPEZ, JOSE E STREET ADDRESS 11991 S.W. 94 STREET CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE P NAME LOPEZ, JOSE E STREET ADDRESS 14021 S.W. 143 CT #6 CITY-ST-ZIP MIAMI-FLORIDA 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LOPEZ, BARBARA STREET ADDRESS 11991 S.W. 94 STREET CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE VP NAME LOPEZ, BARBARA STREET ADDRESS 14021 S.W. 143 CT #6 CITY-ST-ZIP MIAMI-FLORIDA 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME LOPEZ, JOSE E STREET ADDRESS 11991 S.W. 94 STREET CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE SEC NAME LOPEZ, JOSE E STREET ADDRESS 14021 S.W. 143 CT #6 CITY-ST-ZIP MIAMI-FLORIDA 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TR NAME LOPEZ, BARBARA STREET ADDRESS 11991 S.W. 94 STREET CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE TR NAME LOPEZ, BARBARA STREET ADDRESS 14021 S.W. 143 CT #6 CITY-ST-ZIP MIAMI-FLORIDA 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3-8-06 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		