


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90038 009 \*\*\*150.00

<b>DOCUMENT # P04000031010</b> 1. Entity Name <b>BELLA FLOORS, INC.</b>					
Principal Place of Business <b>369 BLANDING BLVD. #901 ORANGE PARK, FL 32073</b>			Mailing Address <b>369 BLANDING BLVD. #901 ORANGE PARK, FL 32073</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LARSON, MARY 369 BLANDING BLVD. #901 ORANGE PARK, FL 32073</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>20-0759467</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GARCIA, MARIO E <input type="checkbox"/> Delete 2252 FOXWOOD DRIVE ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GARCIA, MARIO E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2285 MARSH HAWK LA 4-106 ORANGE PARK, FL 32003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. LARSON, MARY S <input type="checkbox"/> Delete 2252 FOXWOOD DR. ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LARSON, MARY S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2285 MARSH HAWK LA 4-106 ORANGE PARK, FL 32003	
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	
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: <u>Mary S. Larson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/07 (904) 271-2567 <small>Date Daytime Phone #</small>		