2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State
07-11-2005 90117 007 ***150.00

DOCUMENT # P04000061161

1. Entity Name
BELLA LUNA CAFE OF VENICE, INC.

66025868

07022005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
200 W MIAMI AVE VENICE, FL 34285	~~P.O. BOX 510482~~ ~~PUNTA GORDA, FL 33951~~ 610 POINSETTIA DR.

NOTE ADDRESS CHANGE

2. Principal Place of Business	3. Mailing Address
200 MIAMI AVE W.	VENICE, FL. 34285
Suite, Apt. #, etc.	Suite, Apt. #, etc.
VENICE, FL.	
City & State	City & State
34285	
Zip / Country	Zip / Country
34285 SARASOTA	34285 SARASOTA

4. FEI Number 56-2453880 ☐ 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
VANDERSTINE, WILLIAM 200 W MIAMI AVE VENICE, FL 34285	Name: WILLIAM VANDERSTINE Street Address (P.O. Box Number is Not Acceptable): 610 POINSETTIA DR. VENICE, FL. 34285 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
Due by September 7, 2005

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

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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SHERRY VANDERSTINE 610 POINSETTIA DR. VENICE, FL. 34285	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES. WILLIAM VANDERSTINE S.A.B.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. SHERRY VANDERSTINE S.A.B.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES. WILLIAM VANDERSTINE S.A.B.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: W. Vanderstine 7-8-05 941-488-3089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #