

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067840

Entity Name: BELLAS MORTGAGE INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

10560 NW 27 ST.
SUITE 101 B
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

10560 NW 27 ST.
SUITE 101 B
DORAL, FL 33172

New Mailing Address:

FEI Number: 06-1723769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLAS, OLGA F
1085 S.W. 134TH CT.
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

BELLAS, OLGA F
10824 NW. 51 LN
DORAL, FL 33178 US

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.

SIGNATURE: OLGA F. BELLAS

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BELLAS, JORGE
Address: 1085 S.W. 134TH CT.
City-St-Zip: MIAMI, FL 33184

Title: VD () Delete
Name: BELLAS, DAVID
Address: 17186 S.W. 145 AVE.
City-St-Zip: MIAMI, FL 33177

Title: PD () Delete
Name: BELLAS, OLGA F
Address: 1085 S.W. 134 CT
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: BELLAS, JORGE
Address: 10824 NW. 51 LN.
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BELLAS, OLGA F
Address: 10824 NW. 51 LN.
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA F. BELLAS

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date