


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90020 014 ***150.00

DOCUMENT # P04000097338	
1. Entity Name BELCARRA - II, INC.	

Principal Place of Business 2013 SE 16TH STREET LAUDERDALE BY THE SEA, FL 33308	Mailing Address 2013 SE 16TH STREET LAUDERDALE BY THE SEA, FL 33308
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40018917



2. Principal Place of Business 1023 SE 17th Suite, Apt. #, etc. fort lauderdales City & State Florida Zip 33316	3. Mailing Address 2013 SE 16th Suite, Apt. #, etc. Pompano Beach City & State Florida Zip 33062
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02092005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1302770	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 MICELI, LAWRENCE G ESQ. 737 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 STREET ADDRESS CITY-ST-ZIP	P KEANEY, THOMAS J 2013 SE 16TH STREET LAUDERDALE BY THE SEA, FL 33308 <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
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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: Thomas J Keaney **02/10/05** **954-9372121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #