2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 16, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # P040000999 FINISHING BY BELA, INC.		A	07-16-200	9 0010 02.	3 ***150.00	
Principal Plac 4027 AUDUE LARGO, FL 3	BON DR	Mailing Address 4027 AUDUBON DR LARGO, FL 33771		4011	n sam eleki gemi baki sa	ni sana tana talah dir	III. Sirii sidiliki il root
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DO NOT WRITE IN THIS SPA			CE	05022008	No Chg-P	CR2E034 (1	11/05)
				59-328			Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current R		- !				
MOLNAR, BELA 4027 AUDUBON DR LARGO, FL 33771			DO NOT WRITE IN THIS SPACE				
			ļ	11.4	,,,,,	AUL	
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 Signature, hipsed or printed name of registered spent and stor of applicable. [NOTE: Registered Agent signature required when remistating) OATE OATE							
FILE NOWII! FEE IS \$550.00 9. Election Campaign Finer Trust Fund Contribution.				.00 May Be ded to Fees			
10.	OFFICERS AND D	RECTORS	1		·		
STREET ADDRESS CITY-ST-ZIP	D MOLNAR, BELA 4027 AUDUBON DR LARGO, FL 33771						
TITLE			1				
NAME STREET ADDRESS	}						
CITY-ST-ZIP		<u></u>					
TOTLE			I				
NAME STRLeT ADDRESS							
CITY-ST-ZIP				DO	NOT W	RITE	
IITLE NAME				IN .	THIS SF	PACE	
STREET ADDRESS			1	_			
CITY-ST-ZIP			I				
TITLE			Ţ				

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 occurate end 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.

STREET ADORESS CTTY-ST-ZIP

SIGNATURE: _

NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29-48 7271863700