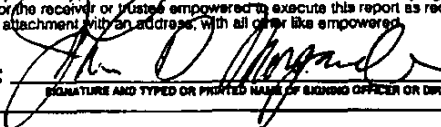


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

04-21-2005 90232 018 ***150.00

DOCUMENT # P04000115483					
1. Entity Name CHE BELLA, INC.					
Principal Place of Business 619 SAND CRANE CT BRADENTON, FL 34212			Mailing Address 619 SAND CRANE CT BRADENTON, FL 34212		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				☒ 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		
MCGINNESS, W LEE 1800 2ND ST STE 971 SARASOTA, FL 34236			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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	D MORGANDO, JOHN D CEO ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MORGANDO, JOHN D CEO		NAME		
STREET ADDRESS	% 619 SAND CRANE CT		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34212		CITY - ST - ZIP		
TITLE	P MORGANDO, GINA M ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MORGANDO, GINA M		NAME		
STREET ADDRESS	% 619 SAND CRANE CT		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34212		CITY - ST - ZIP		
TITLE	ST MORGANDO, SHARON G ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MORGANDO, SHARON G		NAME		
STREET ADDRESS	% 619 SAND CRANE CT		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34212		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			4/19/05 Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66018560



04182005 Chg-P CR2E034 (10/03)