


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

06 FEB 20 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000116178
1. Entity Name
BELLO FLOOR COVERING, INC.



Principal Place of Business: 8601 CHICORY CT, ORLANDO, FL 32825
Mailing Address: 8601 CHICORY CT, ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-1469071
Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BELLO, RAMON
8601 CHICORY CT
ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

U00000038553
03/02/06-80006-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLO, RAMON 8601 CHICORY CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELLO, MARIA 8601 CHICORY CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600067321216
03/07/06--01053--005 **150.00

600067321216
03/07/06--01053--006 **8.75

DO NOT WRITE IN THIS SPACE

RAC
3/3/06

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 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: Ramon Bello Date: 2/15 (407)207-2869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR