

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

05-04-2007 90268 001 \*\*\*150.00  
05-04-2007 90268 002 \*\*\*\*\*8.75

PO4000116178  
**FILED**


07 NOV -6 AM 11:37

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
01042005 No City 11/05 07

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



Principal Place of Business <b>8601 CHICORY CT ORLANDO, FL 32825</b>	Mailing Address <b>8601 CHICORY CT ORLANDO, FL 32825</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

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
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**DO NOT WRITE IN THIS SPACE**

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 807, 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* **Ramon Bello** *10/31/07* **(407) 207-2869**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/6 Phone #