

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90213 049 \*\*\*150.00

**DOCUMENT # P04000135197**

1. Entity Name  
**BELLCAN INTERNATIONAL CORPORATION**



Principal Place of Business  
**11511 NW 18 STREET  
PEMBROKE PINES, FL 33026 US**

Mailing Address  
**11511 NW 18 STREET  
PEMBROKE PINES, FL 33026 US**

**00001374**



2. Principal Place of Business - No P.O. Box #  
**320 S. FLAMINGO RD.**

3. Mailing Address  
**320 S. FLAMINGO RD.**

Suite, Apt. #, etc.  
**Suite 360**

Suite, Apt. #, etc.  
**Suite 360**

01092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-1685527**

Applied For  
☐ Not Applicable

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

City & State  
**PEMBROKE PINES - FL**

City & State  
**PEMBROKE PINES - FL**

Zip  
**33027**

Country  
**U.S.**

Zip  
**33027**

Country  
**U.S.**

**6. Name and Address of Current Registered Agent**

**MARTINEZ, MARIA CECILIA  
11511 NW 18 STREET  
PEMBROKE PINES, FL 33026**

**7. Name and Address of New Registered Agent**

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 restate) DATE

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, MARIA CECILIA</b>	
STREET ADDRESS	<b>11511 NW 18 STREET</b>	
CITY - ST - ZIP	<b>PEMBROKE PINES, FL 33026</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, SERGIO</b>	
STREET ADDRESS	<b>11511 NW 18 STREET</b>	
CITY - ST - ZIP	<b>PEMBROKE PINES, FL 33026</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: \_\_\_\_\_ **01/10/2007** **(954) 450-6369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #