

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000007478**

1. Entity Name  
**BELLA-BELLA DISTRIBUTORS, INC.**



Principal Place of Business  
**8745 S.W. 182ND TERRACE  
MIAMI, FL 33157**

Mailing Address  
**8745 S.W. 182ND TERRACE  
MIAMI, FL 33157**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-2072530</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DE LA OSA, CARLOS  
8745 S.W. 182ND TERRACE  
MIAMI, FL 33157**

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U000000782240  
01/15/08-90067-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	MESTRE, CRISTINA
STREET ADDRESS	8745 S.W. 182ND TERRACE
CITY-STATE-ZIP	MIAMI, FL 33157

TITLE	SD
NAME	MESTRE, REGINA
STREET ADDRESS	8745 S.W. 182ND TERRACE
CITY-STATE-ZIP	MIAMI, FL 33157

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/10/08 Daytime Phone #: (305) 259 7160