May 08 06 10:09p Brandt 221 3

FILED
Jun 05, 2006 8:00 am
Secretary of State
03-09-2006 90152 023 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000030653

1. Entity Name
BELLA STUDIOS, INC.

66017815

Principal Place of Business	Mailing Address
6008 N. ARMENIA AVE TAMPA, FL 33604	6008 N. ARMENIA AVE TAMPA, FL 33604

05082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		8602 TWIN LAKES BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA, FL	
Zip	Country	Zip 33614	Country

4. FEI Number 20-2447312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERONE, NICOLE
8602 TWIN LAKES BLVD
TAMPA, FL 33614

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

FILE NOW!! FEE IS $150.00
Due by September 6, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PRES. Nicole PERONE 8602 TWIN LAKES BLVD TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Nicole Perone 3/2/06 813 254-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

bella studios, inc.

ATTACHMENT 660178 15
#P05000030623

813 254-8810

Olde World Texture Venetian Plaster Murals Trompe l'oeil Faux Finishes

Annual report was filed and payment accepted, however state records do not reflect this.
Please make appropriate changes and record filing.
Thank you,
Nicole Perone
Bella Studios inc.

ATTACHMENT 66017815

#P0500003065 3

Back

9405

BELLA STUDIOS INC.
8602 TWIN LAKES BLVD.
TAMPA, FL 33614

63-6376-2570

DATE 3/1/06

PAY TO THE ORDER OF FL Dept Of State $ 150.00

Ante Humano Firm DOLLARS

BANKATLANTIC
NORTH DALE MABRY #1201
6001 NORTH DALE MABRY
TAMPA, FL 33614

FOR [redacted]

[redacted]

D=20956314 T=811834568
R=85 S=999 P=N0

2105 2105

BANK OF AMERICA, NA
03/13/06

654026213

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 100000039736

MAR 09 2006