

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90011 011 \*\*\*150.00

DOCUMENT # **FD50000855-70**

1. Entity Name

**BELE ISLE HOLDINGS, INC.**



**DO NOT WRITE IN THIS SPACE**

**40021666**

2. Principal Place of Business

**1541 E. COMMERCIAL BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**1541 E. COMMERCIAL BLVD.**

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

**FORT LAUDERDALE, FL**

City & State

**FORT LAUDERDALE, FL**

4. FEI Number

**01-0837974**

Applied For

Not Applicable

Zip

**33334**

Country

**USA**

Zip

**33334**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**MARK C. VOLLMER**

Street Address (P.O. Box Number is Not Acceptable)

**10 VENETIAN WAY APT 1904**

City

**MIAMI BEACH**

FL

Zip Code

**33139**

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]*

**MARK C. VOLLMER, PRESIDENT**

**2/23/06**

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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	<b>P/S MARK C. VOLLMER 10 VENETIAN WAY # 1904 MIAMI BEACH, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like employment.

SIGNATURE:

*[Signature]*

**MARK C. VOLLMER**

**2/23/06**

**(954) 771-7555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #