

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000106216

1. Entity Name
BELLA VINO, INC.



Principal Place of Business
**100 INDIAN ROCKS ROAD, N.
F
BELLEAIR BLUFFS, FL 33770**

Mailing Address
**100 INDIAN ROCKS ROAD, N.
F
BELLEAIR BLUFFS, FL 33770**

DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2525682

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANZESE, BRIAN A P
33 SUSNET BAY DRIVE
BELLEAIR, FL 33756**

**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 _____

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
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	P
NAME	FRANZESE, BRIAN A MR
STREET ADDRESS	33 SUNSET BAY DRIVE
CITY - ST - ZIP	BELLEAIR, FL 33756
TITLE	VP
NAME	FRANZESE, CHERYL A MRS
STREET ADDRESS	33 SUNSET BAY DRIVE
CITY - ST - ZIP	BELLEAIR, FL 33756
TITLE	S
NAME	FRANZESE, CHERYL A MRS
STREET ADDRESS	33 SUNSET BAY DRIVE
CITY - ST - ZIP	BELLEAIR, FL 33756
TITLE	T
NAME	FRANZESE, BRIAN A MR
STREET ADDRESS	33 SUNSET BAY DRIVE
CITY - ST - ZIP	BELLEAIR, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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04/30/07-80036-003 150.00

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

BRIAN FRANZESE

4-13-07

Date

727-584-5552

Daytime Phone