2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2006 8:00 am **Secretary of State** DOCUMENT # P05000121749 03-08-2006 90189 033 ***150.00 BELLA PEDRA COUNTER TOPS, INC. Principal Place of Business Mailing Address ~ 4 Z J G 11750 METRO PARKWAY. 11750 METRO PARKWAY. SUITE A SUITE A FORT MYERS FL 33912 FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 32 - 0158741 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SISTE, PAULO Street Address (P.O. Box Number is Not Acceptable) 11750 METRO PARKWAY SUITE A FORT MYERS FL 33912 City 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, 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 9. Election Campaign Financing \$5.00 May Be S After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State : 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE VP Change Delete ☐ Addition DATCHO, JULIANA C NAME SISTE, PAULO NAME 11750 METRO PARKWAY, SUITE A STREET ADDRESS 11750 METRO PARKWAY, SUITE A STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP FORT MYERS PL 33912 TITLE Delete TITLE ☐ Change ☐ Addition NAME DANTAS-KHALIL, NAWWAF M NAME STREET ADDRESS 1824 SW 10TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME DATCHO, JULIANA C STREET ADDRESS STREET ADDRESS 11750 METRO PARKWAY, SUITE A CITY-ST-7IP FORT MYERS FL 33912 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with,

SIGNATURE:

FILED

02/21/06 (239)939-7209