


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000148369 1. Entity Name BELA AVIATION, INC.	
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Principal Place of Business 14710 SW 150 ST. MIAMI, FL 33196	Mailing Address 14710 SW 150 ST. MIAMI, FL 33196
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2186930	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, AMELIA 14710 SW 150 ST. MIAMI, FL 33196

**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, and accept the obligations of registered agent.

01/10/07-80039-001 158.75

SIGNATURE _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, AMELIA 14710 SW 150 ST. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GONZALEZ, ERASMO 14710 SW 150 ST. MIAMI, FL 33196
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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: *Amelia Gonzalez* 1/4/06 305-255-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #