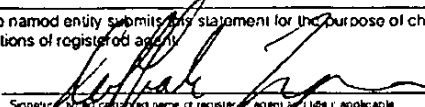
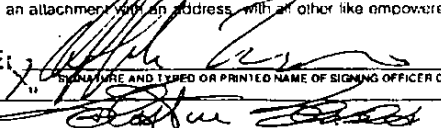


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

04-17-2007 90054 021 ***150.00

DOCUMENT # P06000043096			
1. Entity Name BELLA STONE CREATIONS, INC.			
Principal Place of Business 3750 CONSUMER STREET RIVIERA BEACH FL 33404		Mailing Address 3750 CONSUMER STREET RIVIERA BEACH FL 33404	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4900819		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPEANO, RAFFAELE 6773 COLUMBIA AVENUE LAKE WORTH FL 33467		7. Name and Address of New Registered Agent Name TROPEANO, RAFFAELE Street Address (P.O. Box Number is Not Acceptable) 780 COTTON BAY DRIVE WEST APT 1207 City WEST PALM BEACH FL Zip Code 33406	
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  RAFFAELE TROPEANO		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT TROPEANO, RAFFAELE 6773 COLUMBIA AVENUE LAKE WORTH FL 33467 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	780 COTTON DR WEST BAY APT 1207 WEST PALM BEACH FL 33406 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCIASCIA, SALVATORE 4641 PALLADIN STREET WEST PALM BEACH FL 33417 ☐ 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
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 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 if changed, or on an attachment with an address with an other like empowered.			
SIGNATURE  RAFFAELE TROPEANO 561/5775585		DATE	