

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90098 001 ***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 #
4641 PALLADIN ST
Suite, Apt. #, etc.
#37

3. Mailing Address
P.O. Box 10597
Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL
Zip
33417-8099 Country
USA

City & State
RIVIERA BEACH, FL
Zip
33419 Country
USA

04172008 Chg-P CR2E034 (12/06)

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
780 COTTON BAY DR. WAPT 1207
WEST PALM BEACH, FL 33406

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00

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
PT
TROPEANO, RAFFAELE ☐ Delete
780 COTTON DR. W.
WEST PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
SCIASCIA, SALVATORE ☐ Delete
4641 PALLADIN STREET
WEST PALM BEACH, FL 33417

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
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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

04/18/08 **561/248-0495**
Date Daytime Phone #