


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90180 028 \*\*\*150.00

<b>DOCUMENT # P06000060383</b> 1. Entity Name <b>NATHANIEL J. BELL, P.A.</b>					
Principal Place of Business <b>2475 SW 26TH ST</b> <b>MIAMI, FL 33133</b>			Mailing Address <b>PO BOX 143535</b> <b>CORAL GABLES, FL 33114</b>		
2. Principal Place of Business - No P.O. Box # <b>195 NW 130 AVENUE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State			
Zip <b>33182</b>		Country <b>USA</b>		4. FEI Number <b>20-4793145</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BEL, NATHANIEL J ESQ</b> <b>2475 SW 26TH ST</b> <b>MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>Nathaniel J. Bell, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>195 NW 130 AVENUE</b> City <b>Miami</b> FL Zip Code <b>33182</b>		
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 <u><i>Nathaniel J. Bell</i></u> DATE <u><b>4/30/08</b></u> <small>Signatures, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, NATHANIEL J. <del>2475 SW 26TH ST</del> <del>MIAMI, FL 33133</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nathaniel J. Bell PO BOX 143535 CORAL GABLES, FL 33114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Nathaniel J. Bell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u><b>4/30/08</b></u> <small>Daytime Phone #</small>		