

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151670

FILED
Jan 06, 2012
Secretary of State

Entity Name: MONICA BELLINI CONSULTING, INC.

Current Principal Place of Business:

434 NW BOUNDARY DR.
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

434 NW BOUNDARY DR.
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 20-8024813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BELLINI, MONICA
Address: 434 NW BOUNDARY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: TRES
Name: BELLINI, MONICA
Address: 434 NW BOUNDARY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: SECT
Name: BELLINI, MONICA
Address: 434 NW BOUNDARY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: DIR
Name: BELLINI, MONICA
Address: 434 NW BOUNDARY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MONICA BELLINI

PRES

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date