2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/1

FILED
Sep 03, 2008 8:00 am
Secretary of State
08-14-2008 90001 044 ***150.00

DOCUMENT # P07000022194

1. Entity Name

BELLA TRANSPORT INC.

Principal Place of Business	Mailing Address
8709 MILL CREEK LINE HUDSON FL 34667	8709 MILL CREEK LINE HUDSON FL 34667

2nd MOORE CR2E034 (4/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8512 State 52 E.	8709 Mill Creek Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hudson FL.	City & State: Hudson FL.
Zip: 34667 Country: USA.	Zip: 34667 Country: USA.

4. FEI Number: 38-3753766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTANINO, FRANK J II
8709 MILL CREEK LINE
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name: Ramonda White
Street Address (P.O. Box Number is Not Acceptable): 8709 Mill Creek Ln.
Hudson FL.
City FL Zip Code 34667

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] 8-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

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	P MONTANINO, FRANK J II 8709 MILL CREEK LINE HUDSON FL 34667	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Ramonda White 8709 Mill Creek LA. Hudson FL. 34667	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTANINO, JENNIE 3610 BRICK CT LAND O LAKES FL 34639	☐ 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
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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 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] 8-11-08 727 868 6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #