

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000039763

Entity Name: BEL VIEW ALF, CORP

FILED
Aug 27, 2009
Secretary of State**Current Principal Place of Business:**19768 BEL AIRE DR
MIAMI, FL 33157**New Principal Place of Business:****Current Mailing Address:**19768 BEL AIRE DR
MIAMI, FL 33157**New Mailing Address:**

FEI Number: 20-8757408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DIAZ, YAZBEL
19768 BEL AIRE DR
MIAMI, FL 33157 US**Name and Address of New Registered Agent:**PINO, MAYRA
19768 BEL AIRE DR
MIAMI, FL 33157 US

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: MAYRA PINO

08/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: DIAZ, YAZBEL
Address: 19768 BEL AIRE DR
City-St-Zip: MIAMI, FL 33157Title: VP () Delete
Name: REYES, ROGER
Address: 19768 BEL AIRE DR
City-St-Zip: MIAMI, FL 33157Title: S (X) Delete
Name: DIAZ, YAZBEL
Address: 19768 BEL AIRE DR
City-St-Zip: MIAMI, FL 33157Title: T (X) Delete
Name: REYES, ROGER
Address: 19768 BEL AIRE DR
City-St-Zip: MIAMI, FL 33157**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: PINO, MAYRA
Address: 19768 BEL AIRE DR
City-St-Zip: MIAMI, FL 33157Title: VP (X) Change () Addition
Name: PINO, MAYRA
Address: 19768 BEL AIRE DR
City-St-Zip: MIAMI, FL 33157Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAYRA PINO

P

08/27/2009

Electronic Signature of Signing Officer or Director

Date