

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000083129

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** BELLA'S APTS INC.

**Current Principal Place of Business:**

19201 COLLINS AVE.  
CU-120  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

19201 COLLINS AVE.  
CU-120  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 26-3340875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARCASSES, BELLA  
19201 COLLINS AVE.  
CU-120  
SUNNY ISLES BEACH, FL 33160 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:** P  
**Name:** CARCASSES, BELLA  
**Address:** 19201 COLLINS AVE.- CU-120  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

**Title:** SV  
**Name:** CARCASSES, ANTHONY  
**Address:** 19201 COLLINS AVE.- CU-120  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

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:** BELLA CARCASSES

P

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date