

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096238

Entity Name: BELLA FURNITURE SOLUTIONS INC

FILED  
Apr 01, 2009  
Secretary of State

## Current Principal Place of Business:

240 SMOKEHOUSE WAY  
GREENVILLE, FL 32331

## New Principal Place of Business:

## Current Mailing Address:

240 SMOKEHOUSE WAY  
GREENVILLE, FL 32331

## New Mailing Address:

FEI Number: 26-3602099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BELLAVIGNA, DOMENICK  
240 SMOKEHOUSE WAY  
GREENVILLE, FL 32331 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DOMENICK, BELLAVIGNA A  
Address: 240 SMOKEHOUSE WAY  
City-St-Zip: GREENVILLE, FL 32331

Title: VP ( ) Delete  
Name: KARA, BELLAVIGNA  
Address: 240 SMOKEHOUSE WAY  
City-St-Zip: GREENVILLE, FL 32331

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BELLAVIGNA, DOMENICK  
Address: 240 SMOKEHOUSE WAY  
City-St-Zip: GREENVILLE, FL 32331

Title: VP (X) Change ( ) Addition  
Name: BELLAVIGNA, KARA A  
Address: 240 SMOKEHOUSE WAY  
City-St-Zip: GREENVILLE, FL 32331

Title: CFO ( ) Change (X) Addition  
Name: BELLAVIGNA, HENRY A  
Address: 5209 LOGAN RD  
City-St-Zip: BURDETT, NY 14818

Title: SEC ( ) Change (X) Addition  
Name: BELLAVIGNA, NANCY E  
Address: 5209 LOGAN RD  
City-St-Zip: BURDETT, NY 14818

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: DOMENICK BELLAVIGNA

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date