

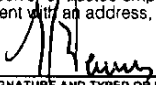


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90054 034 ***150.00

DOCUMENT # P93000012466 1. Entity Name BELLESTAR GALLERIA, CORP.																																	
Principal Place of Business 6001 BROKEN SOUND PARKWAY NW SUITE 418 BOCA RATON, FL 33487 US			Mailing Address 6001 BROKEN SOUND PARKWAY NW SUITE 418 BOCA RATON, FL 33487 US																														
2. Principal Place of Business - No P.O. Box # 6001 Broken Sound Pkwy NW Suite 416 Boca Raton FL 33487		3. Mailing Address 6001 Broken Sound Pkwy NW Suite 416 Boca Raton, FL 33487																															
4. FEI Number 65-0506528		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent LEXSTAR U.S.A. CORP. 6001 BROKEN SOUND PKWY NW SUITE 418 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Lexstar USA Corp Street Address (P.O. Box Number is Not Acceptable) 6001 Broken Sound Pkwy NW Suite 416 Boca Raton FL 33487																														
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P BLANCHARD, JEAN RODRIGUEZ MARIN, 92 MARDRID, SP <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCHARD, JEAN RODRIGUEZ MARIN, 92 MARDRID, SP <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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:  JEAN BLANCHARD 01/30/08 (561) 994 5954 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	