


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000047486		
1. Entity Name BELLA VISTA CORP.		

Principal Place of Business 2325 N MERIDIAN AVE MIAMI BEACH, FL 33140	Mailing Address 2325 N MERIDIAN AVE MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0433231	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
STUPP, BELLA 2325 N MERIDIAN AVE MIAMI BEACH, FL 33140	

DO NOT WRITE
IN THIS SPACE

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 _____
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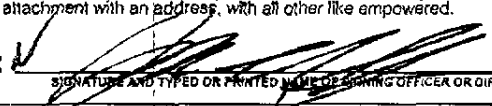
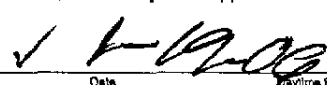
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	STUPP, BELLA	
STREET ADDRESS	2325 N MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	
NAME	STUPP, JACK	
STREET ADDRESS	2161 N MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	
NAME	STUPP, STEVEN	
STREET ADDRESS	8001 SW 66 TER	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE

1100000397428
01/30/06-80050-005 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 	Expiry Phone # _____
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