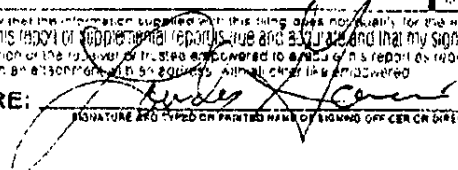


**2010 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000007770			
1. Entity Name BELL-AIR ENTERPRISES, INC.			
Principal Place of Business 13902 S.W. 80TH STREET MIAMI, FL 33183		Mailing Address 13902 S.W. 80TH STREET MIAMI, FL 33183	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Suite Apt. #, etc.		Suite Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Entity Number 65-0471507		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, LOURDES 13902 S.W. 80TH STREET MIAMI, FL 33183		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number - Not Acceptable): City: FL Zip Code:	
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 obligation of, this statement.			
SIGNATURE: 			
FILE NOW!! FEE IS \$650.00 Due by September 24, 2010		9. Section 608.04(1) Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS CITY STATE ZIP	D GARCIA, LUIS ARMANDO 13902 S.W. 80TH STREET MIAMI, FL 33183	NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY STATE ZIP	D GARCIA, LOURDES 13902 S.W. 80TH STREET MIAMI, FL 33183	NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY STATE ZIP	☐ Delete	NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY STATE ZIP	☐ Delete	NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY STATE ZIP	☐ Delete	NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY STATE ZIP	☐ Delete	NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
12. I hereby certify that the information furnished on this form is true and accurate for the information contained in Chapter 136, Florida Statutes. I further certify that the information provided on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 endorsement with signatures. Attach other like endowments.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

10 OCT 20 PM 3:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



10042010 Chg-P CR2E034 (11/08)

10/21/10
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