

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90032 045 ***150.00

DOCUMENT # P94000040582					
1. Entity Name FELL CORPORATION					
Principal Place of Business 2330 NW 102ND AVENUE BAY # 1 MIAMI, FL 33172 US			Mailing Address 2330 NW 102ND AVENUE BAY # 1 MIAMI, FL 33172 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8470 SW 83 CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL			
Zip	Country	Zip 33143	Country USA	01292008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BELLO, GUILLERMO 8470 SW 83RD CT MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is 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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME BELLO, GUILLERMO		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8470 SW 83RD COURT	CITY-ST-ZIP MIAMI, FL 33143			STREET ADDRESS	CITY-ST-ZIP
TITLE VPD	NAME CLORALT, NORMA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CALLE ALEJANDRO JIMENEZ SUR, 0-29	CITY-ST-ZIP CAGUA, VENEZUELA,			STREET ADDRESS	CITY-ST-ZIP
TITLE SD	NAME GONZALEZ-MIJARES, OSCAR		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 49 AV. LOS PALOS GRANDES RES. DORABEL P.B	CITY-ST-ZIP CARACAS, VENEZUELA,			STREET ADDRESS	CITY-ST-ZIP
TITLE TD	NAME MARQUEZ, SONIA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CALLE 5 DR JULIO	CITY-ST-ZIP EDIFICIO LAS CRMENRS, LV,			STREET ADDRESS	CITY-ST-ZIP
TITLE ASD	NAME BELLO, ALEXANDRA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8470 SW 83RD COURT	CITY-ST-ZIP MIAMI, FL 33143			STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME BELLO, MERCEDES		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6745 SW 90TH CT	CITY-ST-ZIP MIAMI, FL 33173			STREET ADDRESS	CITY-ST-ZIP
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: _____			Feb, 1/08 (305) 498-0227		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		