



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90374 050 \*\*\*150.00

<b>DOCUMENT # P96000091577</b> 1. Entity Name <b>BELLEVUE INVESTMENTS INCORPORATED</b>					
Principal Place of Business <b>C/O HALLIDAY GROUP REALTY MGMT INC 1100 SE THIRD AVE., 2ND FLOOR FORT LAUDERDALE, FL 33316-1110 US</b>			Mailing Address <b>C/O HALLIDAY GROUP REALTY MGMT INC 1100 SE THIRD AVE., 2ND FLOOR FORT LAUDERDALE, FL 33316-1110 US</b>		
2. Principal Place of Business <b>c/o Halliday Group Realty Management, Inc.</b> Suite, Apt. #, etc. <b>1800 SE 10 Avenue, #210</b>		3. Mailing Address <b>c/o Halliday Group Realty Management, Inc.</b> Suite, Apt. #, etc. <b>1800 SE 10 Avenue, #210</b>			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>65-0718275</b>	
Zip <b>33316</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HALLIDAY, JOHN C III HALLIDAY GROUP REALTY MGMT INC 1100 SE THIRD AVE SECOND FLOOR FORT LAUDERDALE, FL 33316-1110</b>				7. Name and Address of New Registered Agent Name <b>Halliday Group Realty Management, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 SE 10 Avenue, Suite 210</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33316</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ISAACS, SIMEON 7129 VIA FIRENZE BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ISAACS, K. DAVID 34 MURIEL AVE LAWRENCE, NY 11559		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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			4-8-04 (954) 767-0700 Date Daytime Phone #		