

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000035008

1. Entity Name
BELAIRE AUTO EXPORT & SALES, INC.



Principal Place of Business

3671 PALM BEACH BLVD
FORT MYERS, FL 33916

Mailing Address

3671 PALM BEACH BLVD
FORT MYERS, FL 33916

FILED
04 MAR 25 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0743001

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POZO, FELIX A
2510 S.E. 16 PLACE #205
CAPE CORAL, FL 33904

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

700031370187
03/30/04--01019--004 **158.75

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	POZO, FELIX
STREET ADDRESS	2510 S.E. 16TH PLACE #205
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	DP
NAME	POZO, FELIX A
STREET ADDRESS	2510 SE 16TH PLACE #205
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VS
NAME	MANSITO, TERESITA D
STREET ADDRESS	2510 S.E. 16TH PLACE #205
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Felix A. Pozo

03/23/04 (239)823-6364

Date

Daytime Phone #