


**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**

**DO NOT WRITE IN THIS SPACE**

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



03042004 No Chg-P CR2E034 (10/03)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

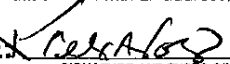
**700031370187**  
**03/30/04--01019--004 \*\*158.75**

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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**  **Felix A. Pozo** **03/23/04 (239)823-6364**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #