

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 08:00 A
Secretary of State

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

2. Principal Place of Business

Same as above

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

Name

N/A

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 N/A

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PDT Delete
 NAME: POZO, FELIX
 STREET ADDRESS: 2510 S.E. 16TH PLACE #205
 CITY-ST-ZIP: CAPE CORAL FL 33904

TITLE: Change Addition
 NAME: N/A
 STREET ADDRESS: U00000247533
 CITY-ST-ZIP: 03/01/05-80028-002 158.75

TITLE: DP Delete
 NAME: POZO, FELIX A
 STREET ADDRESS: 2510 SE 16TH PLACE #205
 CITY-ST-ZIP: CAPE CORAL FL 33904

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VS Delete
 NAME: MANSITO, TERESITA D
 STREET ADDRESS: 2510 S.E. 16TH PLACE #205
 CITY-ST-ZIP: CAPE CORAL FL 33904

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Change Addition
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TITLE: Change Addition
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 CITY-ST-ZIP:

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: Felix A. Pozo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2005 (239)-823-6364

Date

Daytime Phone #