


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90077 003 ***150.00

DOCUMENT # P97000035008
 1. Entity Name
BELAIRE AUTO EXPORT & SALES, INC.



Principal Place of Business Mailing Address
 3671 PALM BEACH BLVD 3671 PALM BEACH BLVD
 FORT MYERS, FL 33916 FORT MYERS, FL 33916

40072373



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

POZO, FELIX A
2303 EVEREST PARKWAY
CAPE CORAL, FL 33904

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	POZO, FELIX	
STREET ADDRESS	2303 EVEREST PARKWAY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	DP	<input type="checkbox"/> Delete
NAME	POZO, FELIX A	
STREET ADDRESS	2303 EVEREST PARKWAY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MANSITO, TERESITA	
STREET ADDRESS	2303 EVEREST PARKWAY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Felix A. Pozo* 03/23/07 (239)694-1831
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #