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Secretary of State
03-09-2007 90004 040 ***150.00

3/5

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000083052

1. Entity Name
BELFORD VENTURES, INC.

Principal Place of Business	Mailing Address
2385 NE EXECUTIVE CTR DR. SUITE 100 BOCA RATON, FL 33431	2385 NE EXECUTIVE CTR DR. SUITE 100 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0785798
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELFORD, HOWARD
2385 NW EXECUTIVE CTR DR
STE 100
BOCA RATON, FL 33431

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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 _____ 2/28/07
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, 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	DPT
NAME	BELFORD, HOWARD I
STREET ADDRESS	2385 NW EXECUTIVE DRIVE SUITE 100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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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 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: _____ HOWARD BELFORD 3/26/07 561-981-2576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #