

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000012947

1. Entity Name
REMINISCENT BELL, INC.



Principal Place of Business

**9135 SW 125 AVENUE SUITE P-208
MIAMI, FL 33186**

Mailing Address

**9135 SW 125 AVENUE SUITE P-208
MIAMI, FL 33186**



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0814609

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ABITANTE, JOHN L
7700 NORTH KENDALL DRIVE SUITE 805
MIAMI, FL 33156**

**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 of the authorized officer or registered agent and the incorporator)

(Signature of Registered Agent, if not the same as above)

(Date)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PTD BURGOS, FRANCISCO J 9135 SW 125 AVENUE SUITE P-208 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VSD BURGOS, HELEN P 9135 SW 125 AVENUE SUITE P-208 MIAMI, FL 33186
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05/02/05-80025-021 150.00

**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)(f), 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. I changed, or on an attachment with an address, with all other, be empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05