## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000027032 1. Entity Name BELLEAIR DEVELOPMENT GROUP INC. Principal Place of Business Mailing Address COSTA TOTAL MED NORTH

changed, or on an attachment with an

SIGNATURE:

FILED Apr 29, 2008 08:00 AM Secretary of State

## 6654 78TH AVE. NORTH 6654 78TH AVE. NORTH PINELLAS PARK, FL 33781 US PINELLAS PARK, FL 33781 01222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3499089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOWAK, GREG A DO NOT WRITE 6654 78TH AVE N PINELLAS PARK, FL 33781 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE YEPES, CARLOS A NAME U00000931515 05/22/08-80018-002 150.00 STREET ADDRESS 6654 78TH AVE. NORTH PINELLAS PARK, FL 33781 CITY-ST-7IP TITLE CEOT NOWAK, GREG A NAME 6654 78TH AVE. NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if