

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000027673 1. Entity Name BELLAMAR TILE CONTRACTOR, INC.					
Principal Place of Business 522 EAST 40TH STREET HIALEAH, FL 33013			Mailing Address 522 EAST 40TH STREET HIALEAH, FL 33013		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALDONSO, ONELIA B 522 EAST 40TH STREET HIALEAH, FL 33013				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 <u><i>Onelia B. Alfonso</i></u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PSD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ALFONSO, ONELIA B		NAME		
STREET ADDRESS	522 EAST 40TH STREET		STREET ADDRESS	U00000153479	
CITY-ST-ZIP	HIALEAH, FL 33013		CITY-ST-ZIP	05/04/04-80129-002 150.00	
TITLE	VTD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ALFONSO, CARLOS E		NAME		
STREET ADDRESS	522 EAST 40TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33013		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Onelia B. Alfonso</i></u> v 4/29/04 (605) 970-6924 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					