

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P98000047926</b> 1. Entity Name <b>BELLA DECOR, INC.</b>		
Principal Place of Business <b>4657 SW 71ST AVE                  MIAMI, FL 33155</b>		Mailing Address <b>4657 SW 71ST AVE                  MIAMI, FL 33155</b>
2. Principal Place of Business <b>9271 SW 68 ST                  MIAMI FL</b>		3. Mailing Address <b>9271 SW 68 ST                  MIAMI FL</b>
Suite, Apt. #, etc. <b>MIAMI FL</b>		Suite, Apt. #, etc. <b>MIAMI FL</b>
City & State <b>33173 USA</b>		City & State <b>33173 USA</b>
Zip	Country	Zip
Country	4. FEI Number <b>65-0841798</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CARRERAS, RAUL JR.                  889 PONCE DE LEON BLVD, STE 720                  CORAL GABLES, FL 33134</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituted)</small>		
FILE NO. WITH FEE: \$1,100.00 After MAR 1, 2003 FEE WILL BE \$850.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CARRERAS, ROBERTO                  4657 SW 71ST AVE                  MIAMI, FL 33155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>9271 SW 68 ST                  MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CARRERAS, GLORIA M                  4657 SW 71ST AVE                  MIAMI, FL 33155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>9271 SW 68 ST                  MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 or without like empowered.		
SIGNATURE: <i>Gloria M. Carreras</i> <b>GLORIA M. CARRERAS</b>		Date: <b>3/27/03</b> <b>669-8384</b> <small>Daytime Phone #</small>

90066687



CHECK HERE IF MAKING CHANGES

CR2634 (10/02)