

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000071334**

1. Entity Name  
**ERNIE BELLO MOTORSPORT, INC.**



Principal Place of Business  
**12765 FOREST HILL BLVD  
STE 1302  
WEST PALM BEACH, FL 33414 US**

Mailing Address  
**12765 FOREST HILL BLVD  
STE 1302  
WEST PALM BEACH, FL 33414 US**



02022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0866928** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARIO DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD, SUITE 1302  
WELLINGTON, FL 33414**

**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, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **VSTD**  
NAME **BELLO, CHRISTINA**  
STREET ADDRESS **12765 FOREST HILL BLVD STE 1302**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **PO**  
NAME **BELLO, ERNESTO**  
STREET ADDRESS **12765 FOREST HILL BLVD STE 1302**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **AS**  
NAME **DE MENDOZA, MARIO G III**  
STREET ADDRESS **12765 FOREST HILL BLVD STE 1302**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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02/27/06-80006-023 150.00

**DO NOT WRITE  
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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: Ernesto Bello, Pres. **12/13/2006** **686-1941**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #