
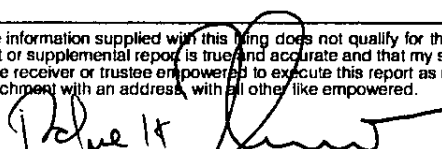


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000089691 1. Entity Name BELLEFORTE APTS., INC.		
Principal Place of Business 4331 N. FEDERAL HIGHWAY SUITE 402-A FT. LAUDERDALE, FL 33308	Mailing Address 4331 N. FEDERAL HIGHWAY SUITE 402-A FT. LAUDERDALE, FL 33308	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VECCHIO, JOSEPH A JR. SECURITY TOWER, PENTHOUSE A 2929 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONACO, ROBERT 4331 N. FEDERAL HIGHWAY SUITE 402-A FT. LAUDERDALE, FL 33308	<p>U000000909042 05/08/08-80052-023 150.00</p> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONACO, MARY 4331 N. FEDERAL HIGHWAY SUITE 402-A FT. LAUDERDALE, FL 33308	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/16/08 <small>Date Daytime Phone #</small>