

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000068877

1. Entity Name
BELLA-VIC, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -8 PM 3:19

Principal Place of Business
2769 NW 79TH AVE
MIAMI, FL 33122

Mailing Address
2769 NW 79TH AVE
MIAMI, FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0949380

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALSINA, JESUS A
2769 NW 79 AVE.
MIAMI, FL 33122

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/02/06

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~PO~~ ☒ Delete
NAME LEFONT, ALFREDO M ~~PO~~ T
STREET ADDRESS 2769 SW 79 AVE.
CITY-ST-ZIP MIAMI, FL 33122

TITLE VP ☐ Delete
NAME ALSINA, JESUS A
STREET ADDRESS ~~2769 SW 79 AVE~~ 2769 NW 79 AVE
CITY-ST-ZIP MIAMI, FL 33122

TITLE President ☐ Delete
NAME ALSINA, Tairis
STREET ADDRESS 2769 NW 79 AVE
CITY-ST-ZIP MIAMI, FL 33122

TITLE T ☐ Delete
NAME ALSINA, Tairis
STREET ADDRESS 2769 NW 79 AVE
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

500068559805
03/24/06--01006--004 **70.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/02/06 786-299-6747