



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000080893 1. Entity Name FERRELL & BELLAS, INC. |  |
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| Principal Place of Business 201 S. BISCAYNE BLVD -STE 3400 MIAMI, FL 33131 | Mailing Address 201 S. BISCAYNE BLVD -STE 3400 MIAMI, FL 33131 |
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0993892 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MIDDELTHON, WILLIAM R JR
FERRELL SCHULTZ PA
201 S BISCAYNE BLVD 34TH FLOOR
MIAMI, FL 33131**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FERRELL, MILTON M JR. 201 S. BISCAYNE BLVD -STE 3400 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BELLAS, ALBERT C 201 S. BISCAYNE BLVD -STE 3400 MIAMI, FL 33131 |
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05/27/08-80078-025 158.75

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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: Mayer-Costa Antigliano Sec. 4/29/08 305-371-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #