

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # J20067

1. Entity Name
LA BELLE TIME, INC.



Principal Place of Business
15313 NW 33RD PL
OPA LOCKA, FL 33054

Mailing Address
15313 NW 33RD PL
OPA LOCKA, FL 33054

(J20067=====P)

03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2592168	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAUFER, FAIGY
15313 NW 33RD PL
OPA LOCKA, FL 33054

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U000000732936
05/09/07-80068-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LAUFER, MENDEL
STREET ADDRESS	15313 NW 33RD PL
CITY-ST-ZIP	OPA LOCKA, FL 33054

TITLE	V
NAME	TABASKY, ALAN
STREET ADDRESS	15313 NW 33RD PL
CITY-ST-ZIP	OPA LOCKA, FL 33054

TITLE	PD
NAME	LAUFER, FAIGY
STREET ADDRESS	15313 NW 33RD PL
CITY-ST-ZIP	HOMESTEAD, FL 33034

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Faigy Laufer
/SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

305-685-6220
Date Daytime Phone #