

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90020 008 ***150.00

DOCUMENT # P00000078047			
1. Entity Name BELCHER SQUARE, INC.			
Principal Place of Business 3896 LAKE BOULEVARD NORTH CLEARWATER FL 33762		Mailing Address 3896 LAKE BOULEVARD NORTH CLEARWATER FL 33762	
2. Principal Place of Business - No P.O. Box # 6904 47TH WAY		3. Mailing Address 6514 47TH STREET, N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PINELLAS PARK, FL		City & State PINELLAS PARK, FL	
Zip 33781	Country US	Zip 33781	Country US
6. Name and Address of Current Registered Agent SANG VAN LE 3896 LAKE BOULEVARD NORTH CLEARWATER FL 33762		7. Name and Address of New Registered Agent Name NGUYEN, DUNG T Street Address (P.O. Box Number is Not Acceptable) 6904 47TH WAY City PINELLAS PARK FL Zip Code 33781	
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 		DATE 3/12/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANG VAN LE 3896 LAKE BOULEVARD NORTH CLEARWATER FL 33762 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NGUYEN, DUNG T 3896 LAKE BOULEVARD NORTH CLEARWATER FL 33762 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD NGUYEN, DUNG T 6904 47TH WAY PINELLAS PARK, FL 33781 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #