

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005568

Entity Name: BELGOFOODS, INC.

FILED  
Jun 30, 2005  
Secretary of State

**Current Principal Place of Business:**

35 MUSSETT BAYOU RD  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

35 MUSSETT BAYOU RD  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 03-0377892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COFFIELD, P. COLLEEN  
1719 S. COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

ATLAS, MICHEL  
3224 BAY ESTATES DR  
MIRAMAR BEACH, FL 32550 US

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.

SIGNATURE: MICHEL ATLAS

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: ATLAS, MICHELE  
Address: 3224 BAY ESTATES DRIVE  
City-St-Zip: DESTIN, FL 32550

Title: V ( ) Delete  
Name: NIEHAUS, CONNIE  
Address: 3224 BAY ESTATE DRIVE  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: GREENWALD, LANCE  
Address: 8723 ANCHORAGE DR  
City-St-Zip: MIRAMAR BCH, FL 32550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: ATLAS, MICHEL  
Address: 3224 BAY ESTATES DRIVE  
City-St-Zip: DESTIN, FL 32550

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL ATLAS

PS

06/30/2005

Electronic Signature of Signing Officer or Director

Date