FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90656 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048786

1. Entity Name
LA BELLA CARIOCA, INC.

Principal Place of Business	Mailing Address
650 NE. 65 ST. E-607 MIAMI, FL 33138	708 N.E. 64TH STREET STE C MIAMI, FL 33138

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
152 NW 116 STREET	152 NW 116 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: MIAMI
Zip: 33168 Country: FL	Zip: 33168 Country: FL

4. FEI Number 61-1413886 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUSA, FATIMA
708 N.E. 64TH STREET STE C
MIAMI, FL 33138

7. Name and Address of New Registered Agent

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 ____ 4/29/04
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, 2004 Fee will be $550.00

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	
TITLE	DPS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOUSA, FATIMA		NAME		
STREET ADDRESS	708 N.E. 64TH STREET STE C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	VT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOUSA, FATIMA		NAME		
STREET ADDRESS	708 N.E. 64TH STREET STE C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ____ 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date