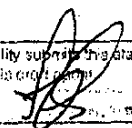
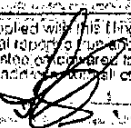


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90656 048 ***150.00

DOCUMENT # P02000048786			
1. Entity Name LA BELLA CARIOCA, INC.			
Principal Place of Business 650 N.E. 66 ST. E-607 MIAMI, FL 33138		Mailing Address 708 N.E. 64TH STREET STE C MIAMI, FL 33138	
2. Principal Place of Business 152 NW 116 STREET		3. Mailing Address 152 NW 116 STREET	
City & State Miami FL		City & State Miami FL	
Zip 33168		Zip 33168	
Country FL		Country FL	
4. FEI Number 61-1413886		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04292004 Chg-P CR2E034 (10/03)	
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 registration.			
SIGNATURE 		4/29/04	
9. Election Concerning Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SOUSA, FATIMA 708 N.E. 64TH STREET STE C MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SOUSA, FATIMA 708 N.E. 64TH STREET STE C MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing is true and correct, 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 provider of the information, and that my name appears in Block 10 or Block 11 of this filing.			
SIGNATURE 		4/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			