


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P96000061549 |  |
| 1. Entity Name SUGAR BELLE CORP. | |

| | |
|---|---|
| Principal Place of Business 643 NW 11TH STREET BOYNTON BEACH FL 33426 | Mailing Address 643 NW 11TH STREET BOYNTON BEACH FL 33426 |
|---|---|



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/07)

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0828087 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| BONFIGLIO, MARC 643 NW 11TH STREET BOYNTON BEACH FL 33426 | |

| | |
|--|-------------|
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | |
|---|--|
| TITLE P <input type="checkbox"/> Delete | NAME BONFIGLIO, MARC STREET ADDRESS 643 NW 11TH ST CITY-ST-ZIP BOYNTON BEACH FL 33436 |
| TITLE VP <input type="checkbox"/> Delete | NAME BONFIGLIO, NICHOLAS STREET ADDRESS 643 NW 11TH STREET CITY-ST-ZIP BOYNTON BEACH FL 33426 |
| TITLE T <input type="checkbox"/> Delete | NAME JOHNSON, FREDRICK STREET ADDRESS 643 NW 11TH STREET CITY-ST-ZIP BOYNTON BEACH FL 33426-P |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------------|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |

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 empowerments.

SIGNATURE: *Marc Bonfiglio* **MARC BONFIGLIO** Date: **04/14/08**