

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 579163

1. Entity Name
BELLE GOLD CORPORATION



Principal Place of Business
**8407 S. INDIAN RIVER DRIVE
FT. PIERCE, FL 34982**

Mailing Address
**8407 S. INDIAN RIVER DRIVE
FT. PIERCE, FL 34982**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08172004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1961102

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDFARB, ROSELLA
8407 S. INDIAN RIVER DRIVE
FT. PIERCE, FL 34982**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 **P** ☐ Delete
NAME **GOLDFARB, ROSELLA**
STREET ADDRESS **8407 S. INDIAN RIVER DR.**
CITY- ST- ZIP **FT. PIERCE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **U00000170937
08/26/04-80003-019 550.00**

TITLE **V** ☐ Delete
NAME **GOLDFARB, PAUL J**
STREET ADDRESS **8407 S. INDIAN RIVER DR.**
CITY- ST- ZIP **FT. PIERCE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: ROSELLA GOLDFARB *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P-23-04 **772 -**
Date Daytime Phone # **465-6622**