# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Sep 13, 2007**
**Secretary of State**

DOCUMENT# G69773

**Entity Name:** BEL-BAC INTERNATIONAL INC.

**Current Principal Place of Business:**

5401 NW 102 AVENUE
131
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

5401 NW 102 AVENUE
131
SUNRISE, FL 33351 US

**New Mailing Address:**

P.O. BOX 172407
HIALEAH, FL 33017 US

**FEI Number: 59-2334442** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

OBRER, BELKIS
1320 WEST 71 ST.
HIALEAH, FL 33014 US

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

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete
Name: OBRER, BELKIS,
Address: 1320 WEST 71 ST.
City-St-Zip: HIALEAH, FL 33014

Title: T ( ) Delete
Name: OBRER, ONOFRE B
Address: 1320 WEST 71 ST.
City-St-Zip: HIALEAH, FL 33014

Title: SM (X) Delete
Name: OBRER, BELKIS
Address: 9025 NW 6 CT
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete
Name: OBRER, WILLIAM
Address: 6208 NW 194 ST
City-St-Zip: HIALEAH, FL 33015 US

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

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

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

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 exemption stated in Chapter 119, 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: BELKIS OBRER PDS 09/13/2007

Electronic Signature of Signing Officer or Director Date