


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90400 010 \*\*\*150.00

<b>DOCUMENT # J20067</b>	
1. Entity Name LA BELLE TIME, INC.	

Principal Place of Business 65 NW 166TH STREET MIAMI, FL 33169	Mailing Address 65 NW 166TH STREET MIAMI, FL 33169
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2. Principal Place of Business 15313 NW 33RD PL.	3. Mailing Address 15313 N.W. 33RD PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI GARDENS, FL.	City & State MIAMI GARDENS, FL
Zip 33054	Country US
Zip 33054	Country US

40057767

(J20067=====P)

01112006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent LAUFER, FAIGY 65 NW 166TH STREET MIAMI, FL 33169 15313 N.W. 33RD PL. MIAMI, GARDENS, FL 33054	
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4. FEI Number 59-2592168	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAUFER, MENDEL 65 NW 166TH ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15313 N.W. 33RD PLACE MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TABASKY, ALAN 65 NW 166TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15313 N.W. 33RD PLACE MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUFER, FAIGY 65 NW 166TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15313 N.W. 33RD PLACE MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Laufey Laufer 4/20/06 305-685-6220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #