## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J20067

Entity Name: LA BELLE TIME, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15313 NW 33RD PL 15313 NW 33RD PL

OPA LOCKA, FL 33054 MIAMI GARDENS, FL 33054

Current Mailing Address: New Mailing Address:

15313 NW 33RD PL 15313 NW 33RD PL

OPA LOCKA, FL 33054 MIAMI GARDENS, FL 33054

FEI Number: 59-2592168 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LAUFER, FAIGY
15313 NW 33RD PL
LAUFER, FAIGY
15313 NW 33RD PL

OPA LOCKA, FL 33054 US MIAMI GARDENS, FL 33054 US

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: 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD
 ( ) Delete
 Title:
 VD
 (X) Change ( ) Addition

 Name:
 LAUFER, MENDEL
 Name:
 LAUFER, MENDEL

 Address:
 15313 NW 33RD PL
 Address:
 15313 NW 33RD PL

OPA LOCKA, FL 33054 City-St-Zip: MIAMI GARDENS, FL 33054

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

 Name:
 TABASKY, ALAN
 Name:
 TABASKY, ALAN

 Address:
 15313 NW 33RD PL
 Address:
 15313 NW 33RD PL

 City-St-Zip:
 OPA LOCKA, FL 33054
 City-St-Zip:
 MIAMI GARDENS, FL 33054

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 LAUFER, FAIGY
 Name:
 LAUFER, FAIGY

 Address:
 15313 NW 33RD PL
 Address:
 15313 NW 33RD PL

 City-St-Zip:
 OPA LOCKA, FL 33034
 City-St-Zip:
 MIAMI GARDENS, FL 33034

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: FAIGY LAUFER PD 04/28/2009