


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000021878 1. Entity Name LA BELLE FASHIONS, INC.	
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Principal Place of Business 777 NW 72ND AVENUE SUITE 2AA28 MIAMI, FL 33126	Mailing Address 2126 QUAIL ROOST DR WESTON, FL 33327
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1005361	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PACHECO, EDGAR 2126 QUAILROOST DR WESTON, FL 33327

**DO NOT WRITE
IN THIS SPACE**

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:  305-265-6218
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PACHECO, EDGAR 2126 QUAIL ROOST DR WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOJOCOA, GLORIA 2126 QUAILROOST DR WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PACHERO, JAVIER E 2126 QUALIROOST DR. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RACHECO, CATHERINE 2126 QUAILROOST DR. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN0000186461
01/21/05-80053-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  1/17/05 305-265-6218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #