


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P00000092273</b> 1. Entity Name <b>LA BELLA FOOD IMPORTERS AND EXPORTERS, INC.</b>					
Principal Place of Business <b>4510 HIDDEN FOREST DRIVE SARASOTA FL 34235</b>			Mailing Address <b>4510 HIDDEN FOREST DRIVE SARASOTA FL 34235</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1043921</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PEREZ, HECTOR ORIOL 4510 HIDDEN FOREST DRIVE SARASOTA FL 34235</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;"><small>DATE</small></div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>PEREZ, HECTOR ORIOL</b> <b>4510 HIDDEN FOREST DR</b> <b>SARASOTA FL 34235</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000035160</b> <b>02/05/04-80105-016 155.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>PEREZ, MABEL</b> <b>4510 HIDDEN FOREST DR</b> <b>SARASOTA FL 34235</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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.					
<b>SIGNATURE:</b> <i>Hector Oriol Perez</i> <b>HECTOR ORIOL PEREZ</b> <span style="float: right;"><b>1-30-04 941-359-4843</b></span>					