

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095604

FILED
Apr 16, 2004
Secretary of State

Entity Name: BELPA ENTERPRISES, INC.

Current Principal Place of Business:

318 INDIAN TRACE SUITE 291
WESTON, FL 33326

New Principal Place of Business:

318 INDIAN TRACE # 291
WESTON, FL 33326

Current Mailing Address:

318 INDIAN TRACE SUITE 291
WESTON, FL 33326

New Mailing Address:

318 INDIAN TRACE # 291
WESTON, FL 33326

FEI Number: 33-1020260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERO, ISABEL
1820 N CORPORATE LAKES BLVD UNIT 104
WESTON, FL 33326 US

Name and Address of New Registered Agent:

RIVERO, ISABEL
2853 EXECUTIVE PARK DR. SUITE 201
WESTON, FL 33331 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: ISABEL RIVERO

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BARAJAS, BELKIS T
Address: 318 INDIAN TRACE, SUITE 291
City-St-Zip: WESTON, FL 33326

Title: VP (X) Delete
Name: CHACON, PABLO
Address: 318 INDIAN TRACE, SUITE 291
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHACON, PABLO
Address: 318 INDIAN TRACE # 291
City-St-Zip: WESTON, FL 33326

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PABLO CHACON

P

04/16/2004

Electronic Signature of Signing Officer or Director

Date