## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 15, 2004 8:00 am Secretary of State

DOCUMENT # P03000058370  1. Entity Name BELLE ENTERPRISES, INC.				01-15-2004	90010 01	9 ***150	O.00
Principal Place of Business 6942 CYPRESS COVE CIR. JUPITER, FL 33458	Mailing Address 6942 CYPRESS COVE JUPITER, FL 33458	CIR.					
2. Principal Place of Business 6942 Cypress Cove Cir. 6942 Cypress Cove C							
Suite, Apt. #, étč.	Suite, Apt. #, etc.		01122004	Chg-P	CR2E034	4 (10/03)	
City & State Jupiter, FL	City & State Tup, fee,	FL		-08331.	31		plied For Applicable
33458 - PAIN BEACK	Zip 33458	Palm Beach	5. Certificate	of Status Desired		<b>8.75</b> Addi ee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name				
KAUFMAN, CHERYL J			Street Address (P.O. Box Number is Not Acceptable)				
2301 SUNSET DR. MIAMI BCH, FL 33140			IS (F.O. BOX (GAIL)		···		
		City			FL	Zip Code	,
The above named entity submits this statement for the stateme	or the purpose of changing its		stered agent, or bo	th, in the State of Flo		miliar with, a	and accept
the obligations of registered agent.							
SIGNATURESignature, typed or printed name of registered agen	I and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating)		DATE		
	9. Election Campa	aign Financing	\$5.00 May Be				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	1		Added to Fees		- ~	11 ,	. :.
10. OFFICERS AND		11.	ADDITIONS	CHANGES TO OFF			
TITLE PRESIDENT NAME JAME+ B. PRESL STREET ADDRESS 6942 CUPPESS CON	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS 6942 CUPRESS COST CITY-ST-ZIP Jupitu, FL 334	STREET ADDRESS CITY-ST-ZIP						
TITLE	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	NAME STREET ADORESS						
CITY-ST-ZIP CITY-				· · · · · · · · · · · · · · · · · · ·	<del>,</del>		
TITLE NAME	, TITLE NAME	•	•	İ	Change.	Addition	
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	☐ Delete	TITLE				☐ Change	Addition
NAME		NAME STREET ADDRESS					-
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		A 1			
CITY-ST-ZIP		CITY-ST-ZIP				☐ Change	Addition
NAME	☐ Delete	TITLE NAME			_	Onlinge	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		,			
49. I have by contifue that the information appoliced wi	th this filing does not qualify f	for the exemption stated in	Section 119.07(3	(i), Florida Statutes.	I further certi	fy that the in	nformation or director
indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address	powered to execute this repo	rt as required by Chapter	and same regal effe 607, Florida Statul	es; and that my nam	ne appears in	Block 10 or	Block 11 if