

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000070917

1. Entity Name  
BELLADONNASHOES.COM, INC.



Principal Place of Business  
1500 APALACHEE PKWY #2410  
TALLAHASSEE, FL 32301

Mailing Address  
1500 APALACHEE PKWY #2410  
TALLAHASSEE, FL 32301

FILED  
07 MAY -1 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1628589

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBINSON, ALEXIS  
4008 CHIPOLA STREET  
TALLAHASSEE, FL 32303

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROBINSON, ALEXIS
STREET ADDRESS	4008 CHIPOLA STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	O'BRYANT, TIFFANIE
STREET ADDRESS	3472 DAYLILLY LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500101622255  
05/04/07--01050--029 \*\*150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Alexis Robinson Pres. 4-30-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #