


**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90116 040 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000128590</b> 1. Entity Name <b>BELLE CUCINE, INC.</b>	
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<b>Principal Place of Business</b> 255 ALHAMBRA CIRCLE STE 715 CORAL GABLES, FL 33134	<b>Mailing Address</b> 255 ALHAMBRA CIRCLE STE 715 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1619736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
VINA, GEORGE F CPA  
255 ALHAMBRA CIRCLE STE 715  
CORAL GABLES, FL 33134

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONANNO, NELO 17100 N. BAY RD. SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUEDAS, MARIA A 255 ALHAMBRA CIR. #715 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, GEOVALDO 255 ALHAMBRA CIR. #715 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOMMASI, GIOVANNA DI 17100 N. BAY RD., SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 NELO BONANNO NELO BONANNO 3/25/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
305-441-0070