

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000128590

Entity Name: BELLE CUCINE, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE STE 715  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

255 ALHAMBRA CIRCLE STE 715  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-1619736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VINA, GEORGE F CPA  
255 ALHAMBRA CIRCLE STE 715  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BONANNO, NELO  
Address: 17100 N. BAY RD. # 1501  
City-St-Zip: SUNNY ISLES, FL 33160

Title: TD  
Name: TOMMASI, GIOVANNA DI  
Address: 17100 N. BAY RD., # 1501  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: NELOBONANNO

DIR

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date