## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P04000129092** 04-29-2005 90262 028 \*\*\*150.00 1. Entity Name GOLDEN BELLA CORP. 14009922 Principal Place of Business Mailing Address 6157 NW 167TH STREET SUITE F27 6157 NW 167TH STREET SUITE F27 MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04262005 Chg-P Applied For 4. FEI Number City & State City & State 20-1618934 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MELIANS, DIEGO SR Street Address (P.O. Box Number is Not Acceptable) 6157 NW 167TH STREET SUITE F27 MIAMI, FL 33015 Zip Code City FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Delete TITLE ☐ Change Addition TITLE MELIANS, DIEGO SR NAME NAME STREET ADDRESS 4759 PALM AVE SUITE 260 STREET ADDRESS HIALEAH, FL 33012 CITY-SI-ZIE CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition MELIANS, DIEGO JR NAME NAME STREET ADORESS 4759 PALM AVE SUITE 260 STREET ADDRESS CITY-S1-7IP CITY-ST-7IP HIALEAH, FL 33012 ☐ Change ☐ Addition ☐ Delete TITLE uns NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

4-21-05

205-819-0301

**FILED**