2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000129092

1. Entity Name
GOLDEN BELLA CORP.



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

6157 NW 167TH STREET SUITE F27 MIAMI, FL 33015

Mailing Address

6157 NW 167TH STREET SUITE F27 MIAMI, FL 33015



DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1618934 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELIANS, DIEGO SR 6157 NW 167TH STREET SUITE F27 MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered affice 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 eignature required when rematating) DATE						
FILE NOWIII FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000942971 05/29/08-80038-010	1050.00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D MELIANS, DIEGO SR 4759 PALM AVE SUITE 260 HIALEAH, FL 33012					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELIANS, DIEGO JR 4759 PALM AVE SUITE 260 HIALEAH, FL 33012		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS: CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

____7

4-25-08

305-819-0301

Date

Daytime Phone #