FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

06 APR -5 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000132725

1. Entity Name

Belinda's Couture, Inc.

DO NOT WRITE IN THIS SPACE

000073715110
05/02/06--01035--030 **300.00

REINSTATEMENT 05-06

2. Principal Place of Business	3. Mailing Address
917 Washington Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Fl	City & State
Zip: 33139 Country	Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Salvatore Riggio

Street Address (P.O. Box Number is Not Acceptable)

3725 S. Ocean Dr Apt 310

City: Hollywood FL Zip Code: 33019

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: Salvatore Riggio
(Signature, both if added office of registered agent and title if applicable) (NOTE: Registered Agent signature required when adding/changing) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Salvatore Riggio
STREET ADDRESS	3725 S Ocean Dr Apt 310
CITY-ST-ZIP	Hollywood, Fl 33019
TITLE	VP
NAME	Belinda Riggio
STREET ADDRESS	3725 S Ocean Dr Apt 310
CITY-ST-ZIP	Hollywood, Fl 33019
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	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Salvatore Riggio
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR

Date: APR 5 2006

Examiner Initials: B. Mitchell

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **BELINDA'S COUTURE, INC.**

Thank you for your courtesy in this matter.

Salvatore Riggio

SALVATORE RIGGIO
PRESIDENT