


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000132725

1. Entity Name
BELINDA'S COUTURE, INC.



Principal Place of Business 917 WASHINGTON AVE MIAMI BCH, FL 33139	Mailing Address 917 WASHINGTON AVE MIAMI BCH, FL 33139
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02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939459	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RIGGIO, SALVATORE
 3725 S. OCEAN DRIVE
 APT 310
 HOLLYWOOD, FL 33019**

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: *Salvatore Riggio* DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	P RIGGIO, SALVATORE 3725 S OCEAN DR, AOT 310 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RIGGIO, BELINDA 3725 S OCEAN DR, APT 310 HOLLYWOOD, FL 33019
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 03/11/08-80024-004 150.00

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: *Salvatore Riggio* DATE: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR