


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90268 029 ***150.00

DOCUMENT # P05000136189 1. Entity Name BELLE HAITI SERVICES CORP.					
Principal Place of Business 2116 NW 62 AVE MARGATE, FL 33063			Mailing Address 2116 NW 62 AVE MARGATE, FL 33063		
2. Principal Place of Business 3950 N. Andrews Ave Suite, Apt. #, etc. N		3. Mailing Address Suite, Apt. #, etc. 			
City & State Oakland Park, FL		City & State 		4. FEI Number 20-3588467	
Zip 33309		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILBIN, GEORGETTE J 2116 NW 62 AVE MARGATE, FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Georgette J. Milbin</i></u> DATE: <u>1/4/06</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILBIN, GEORGETTE J 2116 NW 62 AVE MARGATE,, FL 33063 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILBIN, ABNER 2116 NW 62 AVE MARGATE, FL 33063 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 11, as changed, or on an attachment, with an address, with all other like empowered.					
SIGNATURE: <u><i>Georgette J. Milbin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/4/06</u> <u>954-861-2240</u> <small>Date Daytime Phone</small>		

40002324



01062006 Chg-P CR2E034 (11/05)

☒ Applied For
☐ Not Applicable

FL Zip Code

1/4/06

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition