

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00**  
**Secretary of State**

DOCUMENT # P93000041666

1. Entity Name  
BOCA BELLE, CORP.



Principal Place of Business  
6001 BROKEN SOUND PKEYNW  
418  
BOCA RATON, FL 33487 US

Mailing Address  
6001 BROKEN SOUND PKEYNW  
418  
BOCA RATON, FL 33487 US



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0421746

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LEXSTAR U.S.A., CORP.  
6001 BROKEN SOUND PARKWAY, NW  
418  
BOCA RATON, FL 33487

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BLANCHARD, JEAN  
STREET ADDRESS C/ RODRIGUEZ MARIN #92  
CITY - ST - ZIP 28016 MADRID, SPAIN,

TITLE DS  
NAME BLANCHARD, CRISTINA  
STREET ADDRESS C/RODRIGUEZ MARIN #92  
CITY - ST - ZIP 28016 MADRID, SP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

U00000041512  
04/29/04-04/29/04 150.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #