2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90054 033 ***150.00

DOCUMENT # P93000041666

1. Entity Name
BOCA BELLE, CORP.

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

01092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6001 Broken Sound Pkwy NW	6001 Broken Sound Pkwy NW
Suite, Apt. #, etc.: Suite 416	Suite, Apt. #, etc.: Suite 416
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33487 Country: US	Zip: 33487 Country: US

4. FEI Number: 65-0421746 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: LEXSTAR U.S.A. Corp.
Street Address (P.O. Box Number is Not Acceptable): 6001 Broken Sound Pkwy NW Suite 416
City: Boca Raton FL Zip Code: 33487

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLANCHARD, JEAN C/ RODRIGUEZ MARIN #92 28016 MADRID, SPAIN,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BLANCHARD, CRISTINA C/RODRIGUEZ MARIN #92 28016 MADRID, SP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: JEAN BLANCHARD 01/30/08 (561) 994 5956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #