


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90054 033 \*\*\*150.00

<b>DOCUMENT # P93000041666</b> 1. Entity Name <b>BOCA BELLE, CORP.</b>					
Principal Place of Business <b>6001 BROKEN SOUND PKEYNW 418 BOCA RATON, FL 33487 US</b>			Mailing Address <b>6001 BROKEN SOUND PKEYNW 418 BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6001 Broken Sound Pkwy NW</b>		3. Mailing Address <b>6001 Broken Sound Pkwy NW</b>			
Suite, Apt. #, etc. <b>Suite 416</b>		Suite, Apt. #, etc. <b>Suite 416</b>			
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>			
Zip <b>33487</b>		Country <b>US</b>		4. FEI Number <b>65-0421746</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LEXSTAR U.S.A., CORP. 6001 BROKEN SOUND PARKWAY, NW 418 BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name <b>LEXSTAR U.S.A. Corp.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6001 Broken Sound Pkwy NW Suite 416</b> City <b>Boca Raton</b> <b>FL</b> <b>33487</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BLANCHARD, JEAN</b> <b>C/ RODRIGUEZ MARIN #92</b> <b>28016 MADRID, SPAIN,</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>BLANCHARD, CRISTINA</b> <b>C/RODRIGUEZ MARIN #92</b> <b>28016 MADRID, SP</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>JEAN BLANCHARD</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>01/30/08</b> <small>Date</small>		<b>(561) 994 5956</b> <small>Daytime Phone #</small>