

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030305

Entity Name: BELLE DU SOIREE, INC.

FILED  
Apr 18, 2007  
Secretary of State

**Current Principal Place of Business:**

3500 MYSTIC POINTE DR #LPH2  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

290 NW 165 STREET  
M100  
MIAMI, FL 33169 US

**New Mailing Address:**

290 NW 165 STREET  
M100  
MIAMI, FL 33169 US

FEI Number: 65-0673086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUSTIN, MARIA C  
3500 MYSTIC POINTE DR  
#LPH2  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AUSTIN, MARIA C  
Address: 290 NW 165 STREET M100  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA AUSTIN

P

04/18/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date