

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 022 ***150.00

DOCUMENT # P97000075666 1. Entity Name "LA BELLE" THE BOX PLACE, INC.			
Principal Place of Business 4747 NOB HILL ROAD STE 13 SUNRISE, FL 33351		Mailing Address 4747 NOB HILL ROAD STE 13 SUNRISE, FL 33351	
2. Principal Place of Business 3815 N.W. 49th ST. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State TAMARAC, FL Zip 33309 Country US		City & State Zip Country	
4. FEI Number APPLIED FOR 65-0780979		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YU, ORESTE 4747 NOB HILL ROAD BAY 13-14 SUNRISE, FL 33351		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>O. Ag...</i></u> DATE <u>4/25/04</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YU, ORESTE 4747 NOB HILL ROAD STE 13 SUNRISE, FL 33351 <input type="checkbox"/> Delete SEE ABOVE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YU, BELLA 4747 NOB HILL ROAD STE 13 SUNRISE, FL 33351 <input type="checkbox"/> Delete SEE ABOVE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>O. Ag...</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/25/04</u> <small>Date Daytime Phone #</small>	

24071679



04012004 Chg-P CR2E034 (10/03)