

FILED  
Jul 07, 2005 8:00 am  
Secretary of State

06-13-2005 90001 002 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P99000102100

1. Entity Name  
FAMILY BELT, INC.



Principal Place of Business

4174 INVERRARY DR 8806 S. 11/25 C11  
703  
LAUDERHILL, FL 33319  
TENNAC F.L. 33321

Mailing Address

4174 INVERRARY DR 8806 S. 11/25 C11  
703  
LAUDERHILL, FL 33319  
TENNAC F.L. 33321

66024271



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3611729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAFRANI, ISHAK  
4174 INVERRARY DR 8806 S. 11/25 C11  
703  
LAUDERHILL, FL 33319  
TENNAC F.L. 33321

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/24/05  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ZAFRANI, ISHAK
STREET ADDRESS	4174 INVERRARY DR 8806 S. 11/25 C11
CITY- ST- ZIP	LAUDERHILL, FL 33319 TENNAC F.L. 33321
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE  
IN THIS SPACE

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05  
Date

Daytime Phone #

ATTACHMENT

66624271

**SIEGELAUB & ASSOCIATES, P.A.**  
2801 UNIVERSITY DRIVE SUITE 301  
CORAL SPRINGS, FL 33065  
(954) 753-2222  
Fax (954) 753-1123

June 29,,2005

RE: Family Belt, Inc.  
8806 S Isles Circle  
Tamarac, Fl. 33321

Reference Number: P99000102100

To Whom It May Concern:

This is in response to the letter dated May 12 ,2005 requesting the balance of \$150.00 be sent to your office within a 30 day period to avoid a late fee of \$400.00. We were in compliance with this request, however there was a mix up with the referenced client regarding a correct address which has been corrected. We are requesting the \$400.00 late fee be abated.

If you require further information, please feel free to contact our office.

Sincerely,



Steven S. Siegelau, CPA  
Siegelau & Associates, P.A.