## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jun 07, 2004 8:00 am Secretary of State DOCUMENT # N03000003505 1. Entity Name 06-07-2004 90006 022 \*\*\*\*61 25 DANCE EMPIRE FOUNDATION, INC. Mailing Address Principal Place of Business 12475 SOUTH DIXIE HIGHWAY PINECREST FL 33156 12475 SOUTH DIXIE HIGHWAY PINECREST FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FE! Number Applied For <del>77-0</del>63281 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTAMARIA, LAURA Street Address (P.O. Box Number is Not Acceptable) 8750 DORAL BLVD. #270 MIAMI FL 33178 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition FRASER-LOGAN, ANGEL NAME NAME 12475 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS PINECREST FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE FRASER, L'EWIS NAME NAME 12475 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS PINECREST FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition □ Delete SLUTSKY, SHEILA ---NAME NAME " 12475 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS PINECREST FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change [T] Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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/teport 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 impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adolesis, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

6/1/04 305

FILED