

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003505		
1. Entity Name ANGEL FRASER-LOGAN DANCE COMPANY		
Principal Place of Business 12475 SOUTH DIXIE HIGHWAY PINECREST, FL 33156		Mailing Address 12475 SOUTH DIXIE HIGHWAY PINECREST, FL 33156
DO NOT WRITE IN THIS SPACE		
		01212005 No Chg-NP CR2E037 (10/03)
4. FEI Number 77-0632810		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SANTAMARIA, LAURA 8750 DORAL BLVD. #270 MIAMI, FL 33178		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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000235160 02/18/05-80051-004 61.25 DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	FRASER-LOGAN, ANGEL	
STREET ADDRESS	12475 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE	D	
NAME	FRASER, LEWIS	
STREET ADDRESS	12475 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE	D	
NAME	SLUTSKY, SHEILA	
STREET ADDRESS	12475 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 617, 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:  ANGEL FRASER-LOGAN		9/15/05 (305) 232-5573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #