2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000157

Entity Name: UKRAINIAN DANCERS OF MIAMI, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3595 NW 35TH STREET MIAMI, FL 33142

Current Mailing Address: New Mailing Address:

3595 NW 35TH STREET MIAMI, FL 33142

FEI Number: 65-0621905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCVAY, GARY 1470 NE 123RD ST., PH-7 NORTH MIAMI, FL 33161 US

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:

Floatenia Circultura of Davidson d Anach

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D () Delete Title: () Change () Addition

 Name:
 MAKSYMOWICH-WILK, KARYN
 Name:

 Address:
 1359 PLUMOSA WAY
 Address:

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MAKYSMOWICH, OLGA
 Name:

 Address:
 10256 SW 59 STREET
 Address:

 City-St-Zip:
 COOPER CITY, FL 33328
 City-St-Zip:

Title: T/D () Delete Title: () Change () Addition

 Name:
 WASKIEWICZ, RICHARD
 Name:

 Address:
 10181 SW 57TH CT.
 Address:

 City-St-Zip:
 COOPER CITY, FL 33328
 City-St-Zip:

Title: C/D () Delete Title: () Change () Addition

 Name:
 MCVAY, GARY
 Name:

 Address:
 1470 NE 123RD ST., PH -7
 Address:

 City-St-Zip:
 NORTH MIAMI, FL 33161
 City-St-Zip:

 $\label{eq:title: VC/D} {\it Title:} \qquad {\it VC/D} \qquad (\) {\it Change} \ ({\it X}) {\it Addition}$

Name: Name: KRYSA, PATRICIA

Address: 9205 NORTHLAKE PARKWAY

City-St-Zip: City-St-Zip: ORLANDO, FL 32827

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD WASKIEWICZ T/D 05/01/2007