

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 14, 2005 8:00 am
Secretary of State

02-17-2005 90026 020 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000096899 1. Entity Name ROCKETTE DANCE ACADEMY, INC.			
Principal Place of Business 1040 BAYVIEW DR #600 FT LAUDERDALE FL 33304		Mailing Address 1040 BAYVIEW DR #600 FT LAUDERDALE FL 33304	
2. Principal Place of Business 2922 N. State Rd 7 Suite, Apt. #, etc.		3. Mailing Address 2922 N. State Rd 7 Suite, Apt. #, etc.	
City & State Margate, FL		City & State Margate, FL	
Zip 33063	Country USA	Zip 33063	Country USA
4. FEI Number 77-0639559		Applied For <input 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 CASORIA, III, S.M. 1040 BAYVIEW DR #600 FT LAUDERDALE FL 33304		7. Name and Address of New Registered Agent Name Shelley Offenthaler Street Address (P.O. Box Number is Not Acceptable) 9063 NW 21st Court City Coral Springs, FL Zip Code 33071	
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 Shelley Offenthaler <i>Shelley Offenthaler</i> 2/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CASORIA, III, S.M. 1040 BAYVIEW DR #600 FT LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Shelley Offenthaler 9063 NW 21st Court Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT Catherine Doolley 2135 NE 14th St. #133B Pompano Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR Robin Gleason 471 NW 94th Lane Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER Shannon 4547 NW 51st St. Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AD. DIRECTOR Patti Moore 2820 NW 70th Ave Margate, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY Tracy Linderr 7041 Environ Blvd Lauderdale, FL 33319
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: Shelley Offenthaler <i>Shelley Offenthaler</i> 2/15/05 954 973-0444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			