2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90251 049 ***150.00

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DOCUMENT # P97000002891

1. Entity Name
AMERICAN BALLROOM COMPANY, INC.

Principal Place of Business	Mailing Address
1077 PONCE DE LEON BLVD CORAL GABLES, FL 33134	1077 PONCE DE LEON BLVD CORAL GABLES, FL 33134

04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-8710414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIMMINS, JOHN
1077 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIANG, JANE 49 SANTA CRUZ ROLLING HILLS, CA 90274	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COBD MASTERS, PHILIP 13 Old Mill Dr Voor Hees, NJ 08043	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, JOSIE 361 N SALTAIR AVE LOS ANGELES, CA 90049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTHWEILER, JACK 10 Bliss Rd Longmeadow, MA 01106	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRILLIEGI, BRUNO 11 YACHT CLUB DR FORT WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD BULGER, VINCENT 604 Valley Rd Upper Montclair, NJ 07043	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ENG, WAYNE 8933 W SAHARA AVE LAS VEGAS, NV 89117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9081 W. Sahara Ave. Las Vegas, NV 89117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHIANG, MARTIN 49 SANTA CRUZ ROLLINGS HILLS EST, CA 90274	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIMMINS, JOHN 1077 Ponce de Leon Blvd Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THEISS, GEORGE B 600 BILTMORE WAT APT 3PH 110 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: John Kimmins JOHN KIMMINS APRIL 8TH '04 305 445 9645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #