

2005 FOR PROFIT CORPORATION ANNUAL REPORT


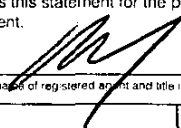
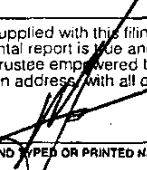
FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90026 046 ***158.75

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02242005 Chg-P CR2E034 (10/03)

DOCUMENT # K98146					
1. Entity Name THE BALLET VALET CORP.					
Principal Place of Business 103 GREENE ST NEW YORK, NY 10012-3803			Mailing Address 103 GREENE ST NEW YORK, NY 10012-3803		
2. Principal Place of Business 804 Ocean Drive			3. Mailing Address 804 Ocean Drive		
Suite, Apt. #, etc. 2nd Floor			Suite, Apt. #, etc. 2nd Floor		
City & State Miami Beach, Florida			City & State Miami Beach, Florida		
Zip 33139	Country Miami-Dade	Zip 33139	Country Miami-Dade	4. FEI Number 58-1855783	
5. Certificate of Status Desired XX				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COURTNEY, MARLO 804 Ocean Drive - 2nd Floor MIAMI BCH, FL 33139				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 3-10-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT GOLDMAN, R. ANTHONY 103 GREEN STREET NEW YORK, NY 10012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GOLDMAN, R. ANTHONY 804 Ocean Drive, - 2nd Floor Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDMAN, JESSICA 103 GREEN STREET NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SREBNICK, JESSICA GOLDMAN 804 Ocean Drive - 2nd Floor Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 3-10-05 (305) 531-4411		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		