

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43479

FILED  
Jul 17, 2005  
Secretary of State

Entity Name: MID EASTERN DANCE EXCHANGE, INC.

## Current Principal Place of Business:

350 LINCOLN RD.  
#505  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

350 LINCOLN RD.  
#505  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 65-0211076      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:

TAMALYN, HARRIS  
1535 DREXEL AVE  
# 3  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

HARRIS, TAMALYN R MS.  
1535 DREXEL AVE.  
#3  
MIAMI BEACH, FL 33139 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: TAMALYN RAE HARRIS

07/17/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HARRIS, TAMALYN,  
Address: 1535 DREXEL AVENUE #3  
City-St-Zip: MIAMI, FL 33139

Title: VP ( ) Delete  
Name: ARENCIBIA, BEATRIZ  
Address: 2750 NE 183 STREET #1012  
City-St-Zip: MIAMI, FL 33160

Title: T ( ) Delete  
Name: KORBA, THOMAS  
Address: 350 LINCOLN ROAD #508  
City-St-Zip: MIAMI, FL 33139

Title: S ( ) Delete  
Name: BEAUCAIRE, JERI  
Address: 1521 ALTON RD #299  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T (X) Delete  
Name: MANDALL, MONA  
Address: 3350 BISCAYNE BLVD. #508  
City-St-Zip: MIAMI, FL 33137

Title: T (X) Delete  
Name: MONTAQUE, CARYN  
Address: 19308 NE 25TH AVE #192  
City-St-Zip: MIAMI, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TAMALYN, HARRIS R MS.  
Address: 1535 DREXEL AVENUE #3  
City-St-Zip: MIAMI, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAMALYN HARRIS

PD

07/17/2005

Electronic Signature of Signing Officer or Director

Date