2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K98146

1. Entity Name
THE BALLET VALET CORP.

Principal Place of Business	Mailing Address
804 OCEAN DR	804 OCEAN DR
2ND FLOOR	2ND FLOOR
MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

4001000

01172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
58-1855783	Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent.

COURTNEY, MARLO
804 OCEAN DR
2ND FLOOR
MIAMI BCH, FL 33139

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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 _____

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

· FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GOLDMAN, R. ANTHONY
STREET ADDRESS	804 OCEAN DR 2ND FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD
NAME	SREBNICK, JESSICA G
STREET ADDRESS	804 OCEAN DR 2ND FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2006   (305) 531-4411

Date   Daytime Phone #