


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90136 023 \*\*\*150.00

<b>DOCUMENT # 403379</b> 1. Entity Name <b>PRO AM DANCE STUDIOS INC.</b>					
Principal Place of Business <b>1325 N.E. 4TH AVE. FT LAUDERDALE, FL 33304</b>			Mailing Address <b>1325 N.E. 4TH AVE. FT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business <b>118 EAST MCNAB RD</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>118 EAST MCNAB RD</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Pompano Beach, FL</b> <small>Zip</small> <b>33060</b>		City & State <b>Pompano Beach, FL</b> <small>Zip</small> <b>33060</b>		4. FEI Number <b>59-1414672</b>	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>IACINO, JOAN 1240 N E 1 AVE FT LAUDERDALE, FL 33304</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IACINO, JOAN 1240 N.E. ONE AVENUE FT LAUDERDALE, FL 00000, 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, TINA 1610 N.E. 63RD COURT FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IACINO, RICHARD 1240 NE 1ST AVE. FT. LAUD., FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Joan Iacino</i></u> <b>July 13, 06</b> <b>951 801-2079</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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