


FILED
May 12, 2004 8:00 am
Secretary of State

04-19-2004 90362 042 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | |
|---|---|---|
| DOCUMENT # 578071 | |  |
| 1. Entity Name THE DANCE CENTER, INC. | | |
| Principal Place of Business 11105 SW 119 STREET MIAMI, FL 33176 US | | Mailing Address 11105 SW 119 STREET MIAMI, FL 33176 US |
| DO NOT WRITE IN THIS SPACE | | |
| | | 01302004 No Chg-P CR2E034 (10/03) |
| 4. FEI Number 59-1834075 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent FINAN, KAREN L. 11105 SW 119 ST MIAMI, FL 33176 | | DO NOT WRITE IN THIS SPACE |
| 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 reappointing) DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FINAN, KAREN L. Parker 11105 SW 119TH ST. MIAMI, FL 33176 | |
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| 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: <u>Karen L. Parker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | <u>3.31.04</u> Date Daytime Phone # |

Please note name change from Finan
to Parker !!!