

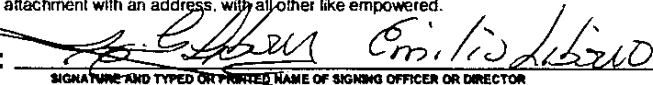


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 627410</b> 1. Entity Name LIBRERO'S SCHOOL & DANCE CLUB, INC.			
Principal Place of Business 150 E DAVIS BLVD TAMPA, FL 33606		Mailing Address 150 E DAVIS BLVD TAMPA, FL 33606	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01032007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1908554	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  LIBRERO, BLANCHE W. 150 E DAVIS BLVD TAMPA, FL 33606		<b>DO NOT WRITE IN THIS SPACE</b>	
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</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000577736 01/09/07-80001-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LIBRERO, BLANCHE 150 E. DAVIS BLVD. TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIBRERO, EMILIO B. 150 E. DAVIS BLVD. TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/4/07 (813) 253-0644 Date Daytime Phone #	