

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May-16, 2005 08:00 AM
Secretary of State

DOCUMENT # 707016

1. Entity Name

BALLET SPECTACULAR INC



Principal Place of Business

**59 NW 25TH AVENUE
MIAMI FL 33125**

Mailing Address

**P.O. BOX 014871
MIAMI FL 33101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWENS, ROBERT
59 NW 25TH AVENUE
MIAMI FL 33125**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | OWENS, ROBERT | |
| STREET ADDRESS | 59 NW 25TH AVENUE | |
| CITY - ST - ZIP | MIAMI FL 33125 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | EVANS, SHIRLEY | |
| STREET ADDRESS | 59 NW 25TH AVENUE | |
| CITY - ST - ZIP | MIAMI FL 33125 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OWENS, GEORGE | |
| STREET ADDRESS | 3584 MILDEBURG RD | |
| CITY - ST - ZIP | PITTSBURGH PA 15234 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SIEGEL, ALVIN | |
| STREET ADDRESS | 3838 SHIPPING AVE. | |
| CITY - ST - ZIP | MIAMI FL 33146 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

U00000366961
05/16/05-80014-008 70.00

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 617, 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: *Robert Owens for Ballet Spectacular Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/2005

Date

305-642-8000

Daytime Phone #