2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2009
Secretary of State

DOCUMENT# 707016

Entity Name: BALLET SPECTACULAR INC

Current Principal Place of Business:

59 NW 25TH AVENUE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 014871
MIAMI, FL 33101

New Mailing Address:

FEI Number: 59-1992704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PTD	( ) Delete
Name:	OWENS, ROBERT	
Address:	59 NW 25TH AVENUE	
City-St-Zip:	MIAMI, FL 33125	
Title:	VSD	( ) Delete
Name:	EVANS, SHIRLEY	
Address:	59 NW 25TH AVENUE	
City-St-Zip:	MIAMI, FL 33125	
Title:	D	( ) Delete
Name:	OWENS, GEORGE	
Address:	3584 MILDEBURG RD	
City-St-Zip:	PITTSBURGH, PA 15234	
Title:	D	( ) Delete
Name:	SIEGEL, ALVIN	
Address:	3838 SHIPPING AVE.	
City-St-Zip:	MIAMI, FL 33146	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT OWENS PTD 08/12/2009

Electronic Signature of Signing Officer or Director — Date