

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90076 020 ****61.25

DOCUMENT # 711639

1. Entity Name

BALLET CONCERTO COMPANY OF MIAMI, INC.



Principal Place of Business

**4180 S.W. 74 COURT
MIAMI FL 33155**

Mailing Address

**4180 S.W. 74 COURT
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7375977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUAREZ, CARMEN G
4180 S.W. 74 COURT
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

GEORGE MATTOX

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

9130 S.W. 123 AVE. CT.

City

MIAMI,

FL

Zip Code

33186

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

George Mattox

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

(NOTE: Registered Agent signature required when re-registering)

FEB. 2, 2006

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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 ☐ Delete
NAME **D MENDEZ, EDUARDO**
STREET ADDRESS **1920 SW 33CT**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME **D DIAZ, SONIA**
STREET ADDRESS **3170 SW 19TH TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Delete
NAME **S DELGADO, ACELIA**
STREET ADDRESS **12035 SW 18 ST #1**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME **D DEL PINO, MARTHA**
STREET ADDRESS **1932 SW 24 TERR**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME **M SUAREZ, CARMEN G**
STREET ADDRESS **2131 SW 19TH AVE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S JOSE RODRIGUEZ**
STREET ADDRESS **21 ALHAMBRA CR APT 7**
CITY-ST-ZIP **CORAL GABLES, MIAMI FLA 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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 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

Sonia Diaz

2/7/06

305-444-8868