

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711639

FILED
Apr 28, 2008
Secretary of State

Entity Name: BALLET CONCERTO COMPANY OF MIAMI, INC.

Current Principal Place of Business:

4180 S.W. 74 COURT
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4180 S.W. 74 COURT
MIAMI, FL 33155

New Mailing Address:

FEI Number: 23-7375977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTOX, GEORGE
9130 SW 123 AVE CR
MIAMI, FL 33186 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: D () Delete
Name: MENDEZ, EDUARDO
Address: 1920 SW 33CT
City-St-Zip: MIAMI, FL 33145 US

Title: D () Delete
Name: DIAZ, SONIA
Address: 3170 SW 19TH TERR
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: RODRIGUEZ, JOSE
Address: 21 ALHAMBRA CIR APT 7
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: DEL PINO, MARTHA
Address: 1932 SW 24 TERR
City-St-Zip: MIAMI, FL 33145

Title: M () Delete
Name: SUAREZ, CARMEN G
Address: 2131 SW 19TH AVE
City-St-Zip: MIAMI, FL 33145

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:

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: SONIA DIAZ

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date