


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90047 037 ****61.25

DOCUMENT # 729769

1. Entity Name
BALLET FLORIDA, INC.



Principal Place of Business
**500 FERN STREET
 WEST PALM BEACH, FL 33401**

Mailing Address
**500 FERN STREET
 WEST PALM BEACH, FL 33401**

33000610



2. Principal Place of Business Suite. Apt. #, etc.
 3. Mailing Address Suite. Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
23-7384346

Applied For
 Not Applicable

Zip Country

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

**BUCHECK, JOSEPH J. JR.
 2555 CANTERBURY DRIVE SOUTH
 W PALM BCH., FL 33407**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	CD WRIGHT, COLIN <input checked="" type="checkbox"/> Delete 1000 AVE OF CHAMPIONS PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEENAN, SUSAN <input checked="" type="checkbox"/> Delete 446 A BRAZILIAN COURT PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VESELSKY, J. DAVID JR <input type="checkbox"/> Delete 177 CLAREDON AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, MARIE <input type="checkbox"/> Delete 5200 N DIXIE 1501 W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ESCALANTE, JUAN J <input type="checkbox"/> Delete 160 NW 143RD ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TELESCO, SUSAN <input type="checkbox"/> Delete 150 VIA BELLARIA PALM BEACH, FL 33480

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Telesco, Susan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Via Bellaria Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Veselsky J. David Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 595 North Lake Way Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Draine, Max <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Golfview Dr. Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hale, Marie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5200 N. Flagler #1501 W. Palm Beach, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hart, Nancy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7114 Eagle Terr West Palm Beach, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph J. Jr. Bueck* Date: **1/6/04** Daytime Phone #: **561-659-1212**