
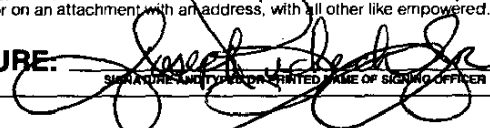


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 729769</b> 1. Entity Name <b>BALLET FLORIDA, INC.</b>					
Principal Place of Business <b>500 FERN STREET WEST PALM BEACH, FL 33401</b>			Mailing Address <b>500 FERN STREET WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>23-7384346</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BUCHECK, JOSEPH J. JR. 2555 CANTERBURY DRIVE SOUTH W PALM BCH., FL 33407</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>WRIGHT, COLIN</b> <b>1000 AVE OF CHAMPIONS</b> <b>PALM BEACH GARDENS, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>Telesco, Susan</b> <b>150 Via Bellaria</b> <b>Palm Beach, FL 33480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>KEENAN, SUSAN</b> <b>446 A BRAZILIAN COURT</b> <b>PALM BEACH, FL 33480</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Veselsky J. David Jr.</b> <b>595 North Lake Way</b> <b>Palm Beach, FL 33480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>VESELSKY, J. DAVID JR</b> <b>177 CLAREDON AVE</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>Draine, Max</b> <b>One Golfview Dr.</b> <b>Palm Beach, FL 33480</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HALE, MARIE</b> <b>5200 N DIXIE 1501</b> <b>W. PALM BEACH, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Hale, Marie</b> <b>5200 N. Flagler #1501</b> <b>W. Palm Beach, FL 33412</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <b>ESCALANTE, JUAN J</b> <b>160 NW 143RD ST</b> <b>MIAMI, FL 33168</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Hart, Nancy</b> <b>7114 Eagle Terr</b> <b>West Palm Beach, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>TELESKO, SUSAN</b> <b>150 VIA BELLARIA</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b> 			Date: <b>1/6/04</b> Daytime Phone #: <b>561-659-1212</b>		