

# ANNUAL REPORT (AR)

**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # G42185

1. Entity Name

WORLD OF DANCE, INC.

Principal Place of Business

6030 SW 18TH ST #A1

BOCA RATON FL 33433

US

Mailing Address

6030 SW 18TH ST #A1

BOCA RATON FL 33433

US

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country

4. FEI Number

59-2319297

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFFNER, JERROLD E.

2395 DAVIE BLVD.

FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

IVANOSKI, CINDY

6030 SW 18TH ST #A-1

BOCA RATON FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Add

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NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Add

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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia L. Ivanoski

CYNTHIA L. IVANOSKI

1-20-04 954-946