

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # G43599</b> 1. Entity Name <b>MAGDA AUNON SCHOOL OF BALLET, INC.</b>			
Principal Place of Business <b>C/O MAGDA AUNON 508 NE 43RD STREET OAKLAND PARK, FL 33334</b>		Mailing Address <b>C/O MAGDA AUNON 508 NE 43RD STREET OAKLAND PARK, FL 33334</b>	
<div style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>			
4. FEI Number <b>59-2313321</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AUNON, MAGDA 1556 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334</b>		<div style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<div style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
TITLE	NAME	DP <b>AUNON, MAGDA</b>	
STREET ADDRESS	CITY - ST - ZIP	<b>508 NE 43RD STREET OAKLAND PARK, FL</b>	
TITLE	NAME		
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		
STREET ADDRESS	CITY - ST - ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE</b> <i>Magda Aunon</i> <b>MAGDA AUNON</b>		<b>1-26-04</b> <b>954-537-4195</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	