


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H27193</b>	
1. Entity Name NANCI'S DANCE CENTER, INC.	

Principal Place of Business 6410 MELALEUCA LN P.O. BOX 4388 GREENACRES, FL 33463 US	Mailing Address 6410 MELALEUCA LN P.O. BOX 4388 GREENACRES, FL 33463 US
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2464235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SIEGEL, NANEI  
6410 MELALEUCA LANE  
LAKE WORTH, FL 33463

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1100000115967  
04/19/04-20001-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SIEGEL, NANEI 6410 MELALEUCA LANE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHNER, ANNETTE 360 FIRST AVENUE NEW YORK, NY
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 addressee, with all other like empowered.

SIGNATURE Nanci Siegel 2-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone