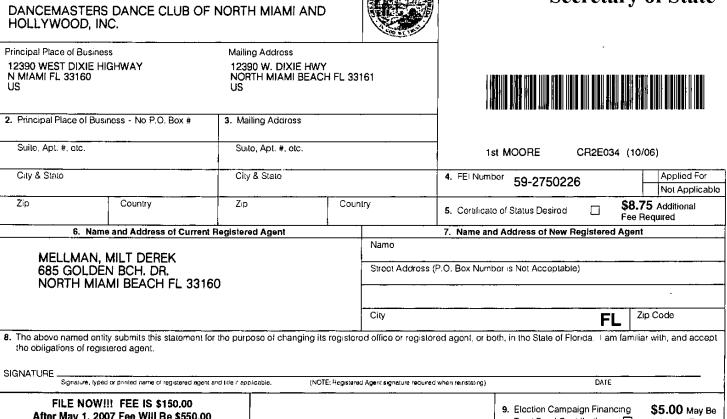
## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # J33216 1. Entity Name DANCEMASTERS DANCE CLUB OF NORTH MIAMI AND HOLLYWOOD, INC. Mailing Address 12390 W. DIXIE HWY NORTH MIAMI BEACH FL 33161

FILED Mar 01, 2007 08:00 AM **Secretary of State** 



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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Finar     Trust Fund Contribution.		.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS		RS	11. ADDITIONS		CHANGES TO OFFICERS AND DIRECTORS IN 11		
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELLMAN, MILT DEREK 685 GOLDEN BCH. DR. MIAMI BCH. FL	☐ Delete	TITLE NAME STREET ADDRESS CUTY-ST-ZIP		U00000653016	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELLMAN, SARI DANZIGER 685 GOLDEN BCH. DR. MIAMI BCH. FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 03/13/07-80004-	Change	Addition
THILE* NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIRFET ADDRESS CITY+ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STRLET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 logal effect as if made under eath; 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.

SIGNATURE: