

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90056 013 ****70.00

DOCUMENT # N00000001319					
1. Entity Name MIAMI CONTEMPORARY DANCE CORPORATION					
Principal Place of Business 1919 PURDY AVE. MIAMI BEACH, FL 33139			Mailing Address 1919 PURDY AVE MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0989228	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLIVAN, RAYMOND M PD 1919 PURDY AVE MIAMI BEACH, FL 33139			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME SULLIVAN, RAYMOND M STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete				
TITLE VD NAME GALLARDO, JORGE STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete				
TITLE SD NAME GOLDBERG, CAROLYN M STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete				
TITLE TD NAME LESLIE, BRUCE CPA STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete				
TITLE D NAME BAUM, ELIZABETH STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete				
TITLE D NAME GALLARDO, JORGE STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VD NAME GOLDBERG, CAROLYN M STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE SD NAME BAUM, ELIZABETH STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME RICH, ROBYN STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME TJANNE LABRADA LEICHTLING STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME BAUM, ELIZABETH STREET ADDRESS 1919 PURDY AVE CITY-ST-ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____					
Date 2/13/07 Daytime Phone # 305-538-2980					