

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007906

Entity Name: DANCE DIASPORA, INC.

FILED  
Jun 24, 2006  
Secretary of State

**Current Principal Place of Business:**

1380 NW 203 ST  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

1380 NW 203 ST  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 13-4302527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROBINSON, WILLIAM C ESQ  
220 COURTHOUSE PLAZA  
28 W FLAGLER ST  
MIAMI, FL 33130 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES-HOUSTON, YVONNE  
Address: 1380 NW 203 ST  
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete  
Name: DAVIS, DR. CYNTHIA  
Address: 11300 NE 2 STREET  
City-St-Zip: MIAMI, FL 33161

Title: TD ( ) Delete  
Name: JONES, MS. AGGIE  
Address: 1380 NW 203 ST  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE JONES HOUSTON

PD

06/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date