

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005466

FILED
Aug 31, 2004
Secretary of State**Entity Name:** ILLUSIONS DANCE, INC.**Current Principal Place of Business:**6790 N. PINE ISLAND RD
TAMARAC, FL 33321**New Principal Place of Business:**6790 N. PINE ISLAND RD
TAMARAC, FL 33321**Current Mailing Address:**6790 N. PINE ISLAND RD
TAMARAC, FL 33321**New Mailing Address:**6790 N. PINE ISLAND RD
TAMARAC, FL 33321**FEI Number:** 65-1159179**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COSTANZO, BERNADETTE
OAK TREE COUNTRY CLUB
2400 W. PROSPECT RD.
FT. LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**

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:** DP () Delete
Name: COSTANZO, BERNADETTE
Address: 9122 NW 44TH COURT
City-St-Zip: SUNRISE, FL 33351**Title:** DV () Delete
Name: KEYES, HILLARY A
Address: 5700 NW 2ND AVE., #510
City-St-Zip: BOCA RATON, FL 33487**Title:** DST () Delete
Name: JUSINO, DENISE
Address: 11410 NW 35TH STREET
City-St-Zip: SUNRISE, FL 33309**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 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 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: HILLARY A. KEYES

DV

08/31/2004

Electronic Signature of Signing Officer or Director

Date