

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008607

FILED
Apr 30, 2005
Secretary of State

Entity Name: BALLET GAMONET INC.

Current Principal Place of Business:

600 N.E. 97TH STREET
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

600 N.E. 97TH STREET
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 36-4486273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMONET, JIMMY
600 N.E. 97TH STREET
MIAMI SHORES, FL 33138 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: D () Delete
Name: WESTBROOK, HUGH
Address: 158 SOUTH PROSPECT DR.
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: PERWIN, JEAN
Address: 25 S.E. SECOND AVENUE SUITE 1144
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SINGER, BARBARA
Address: 800 WEST AVENUE #712
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: ROSELLINI, SUSAN
Address: 201 CRANDON BLVD. STE# TH61
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: LUKIS, SYLVESTER
Address: 3663 SOUTHWEST 8TH STREET STE #204-B
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: SHIELDS, CAROLE
Address: 158 SOUTH PROSPECT DR.
City-St-Zip: CORAL GABLES, FL 33133

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:

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: JIMMY GAMONET

MR.

04/30/2005

Electronic Signature of Signing Officer or Director

Date