


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90266 013 \*\*\*\*61.25

<b>DOCUMENT # N01000009018</b>			
1. Entity Name <b>KISMET DANCE FOUNDATION, INC.</b>			
Principal Place of Business <b>1089 NE 104 STREET MIAMI SHORES FL 33138</b>		Mailing Address <b>1089 NE 104 STREET MIAMI SHORES FL 33138</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>04-3595411</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ANGELL, RHONDA                  SANDLER TRAVIS &amp; ROSENBERG PA                  5200 BLUE LAGOON DR #600                  MIAMI FL 33129</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVENPORT, MELISSA			NAME			
STREET ADDRESS	500 NE 2ND STREET, APT 428			STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCCHI, CAROL			NAME			
STREET ADDRESS	1089 NE 104 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL 33138			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASTIU, DANIELLA			NAME	Adams, Deborah		
STREET ADDRESS	609 NE 14TH AVE APT 503			STREET ADDRESS	190 N.E. 146th Street		
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP	Miami, Fl. 33161		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FEDDERN, TANYA			NAME	Lang, Barbara		
STREET ADDRESS	5724 LINCOLN STREET			STREET ADDRESS	1934 SW 25th Terrace		
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP	Miami, Fl. 33133		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YESULAITIS, JOAN			NAME			
STREET ADDRESS	10178 COLLINS AVE., #101			STREET ADDRESS			
CITY-ST-ZIP	BAL HARBOUR FL 33154			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAHRY, CHARLES			NAME	Pastiu, Daniela		
STREET ADDRESS	29 N.W. 9TH AVE.			STREET ADDRESS	609 NE 14th Avenue Apt. 503		
CITY-ST-ZIP	MIAMI FL 33154			CITY-ST-ZIP	Hallandale, Fl. 33009		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Carolina Cocchi* 4/14/05 (305) 754-0258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #