


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-06-2006 90027 033 ****61.25

DOCUMENT # N0100009018
 1. Entry Name
KISMET DANCE FOUNDATION, INC.



Principal Place of Business Mailing Address
 1089 NE 104 STREET 1089 NE 104 STREET
 MIAMI SHORES FL 33138 MIAMI SHORES FL 33138



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
04-3595411 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ANGELL, RHONDA
SANDLER TRAVIS & ROSENBERG PA
5200 BLUE LAGOON DR #600
MIAMI FL 33129

Name
Carolanne Cocchi
 Street Address (P.O. Box Number is Not Acceptable)
1089 N.E. 104th Street
 City
Miami Shores FL Zip Code
33138

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 Carolanne Cocchi *Carolanne Cocchi* 3/30/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVENPORT, MELISSA 500 NE 2ND STREET, APT 428 DANIA FL 33004 <input checked="" type="checkbox"/> Delete	TITLE (PD) NAME STREET ADDRESS CITY-ST-ZIP	Lang, Barbara 1934 SW 25th Terrace Miami, Fl. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COCCHI, CAROL 1089 NE 104 STREET MIAMI SHORES FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, DEBORAH 190 NE 146TH ST MIAMI FL 33161 <input checked="" type="checkbox"/> Delete	TITLE (VD) NAME STREET ADDRESS CITY-ST-ZIP	Fedders, Tanya 5724 Lincoln Street Hollywood, Fl. 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANG, BARBARA 1934 SW 25TH TERRACE MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE (SD) NAME STREET ADDRESS CITY-ST-ZIP	Richardson, Indira 1400 NE 191 Street North Miami, Fl. 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YESULAITIS, JOAN 10178 COLLINS AVE., #101 BAL HARBOUR FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTIU, DANIELA 609 NE 14TH AVE, APT 503 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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: Carolanne Cocchi *Carolanne Cocchi* 3/30/06 (305) 754-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66011647

April 20, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Subject: Kismet Dance Foundation

Reference Number: NO1000009018

Please find enclosed copy of report. As requested, the positions that the newly elected officers will be holding has been added block 11. If there are any questions, please do not hesitate to contact me at (305)754-0258.

Thank you,

Carolanne Cocchi

Carolanne Cocchi, Kismet Dance Foundation