


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90031 025 ****61.25

DOCUMENT # N0100009018					
1. Entity Name KISMET DANCE FOUNDATION, INC.					
Principal Place of Business 1089 NE 104 STREET MIAMI SHORES FL 33138		Mailing Address 1089 NE 104 STREET MIAMI SHORES FL 33138			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3595411	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent COCCHI, CAROLANNE 1089 NE 104T HST MIAMI SHORES FL 33138			7. Name and Address of New Registered Agent		
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 _____ <small>Signature, typed or mailed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANG, BARBARA		NAME		
STREET ADDRESS	1934 SW 25TH TERRACE		STREET ADDRESS		
CITY- ST -ZIP	MIAMI FL 33133		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	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDDERS, TONYA		NAME	Tanya Feddern	
STREET ADDRESS	5724 LINCOLN ST		STREET ADDRESS	5724 Lincoln Street	
CITY- ST -ZIP	HOLLYWOOD FL 33021		CITY- ST -ZIP	Hollywood, Fl. 33021	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, INDIRA		NAME		
STREET ADDRESS	1400 NE 191 ST		STREET ADDRESS		
CITY- ST -ZIP	NORTH MIAMI FL 33179		CITY- ST -ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YESULAITIS, JOAN		NAME	Joan Swan	
STREET ADDRESS	10178 COLLINS AVE., #101		STREET ADDRESS	1080 94 Street #507	
CITY- ST -ZIP	BAL HARBOUR FL 33154		CITY- ST -ZIP	Bay Harbour Islands, Fl. 33154	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASTIU, DANIELA		NAME		
STREET ADDRESS	609 NE 14TH AVE, APT 503		STREET ADDRESS		
CITY- ST -ZIP	HALLANDALE FL 33009		CITY- ST -ZIP		



1st MOORE CR2E037 (10/06)

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 - Treasurer Date 4/1/07 (305) 754-0258