## 2008 NOT-FOR-PROFIT CORPORATION

## Mar 31, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # N01000009018** 03-31-2008 90023 040 \*\*\*\*61.25 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 04-3595411 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COCCHI, CAROLANNE 1089 NE 104T HST Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES, FL 33138 City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent algorature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change X Addition PD TITLE XXX Delete TITLE LANG, BARBARA NAME NAME Lorena Morgantini STREET ADDRESS 1934 SW 25TH TERRACE STREET ADDRESS 20840 San Simeon Way Apt. 702 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP 33179 ☐ Deleta TITLE ☐ Change ☐ Addition COCCHI, CAROL NAME NAME STREET ADDRESS 1089 NE 104 STREET STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 33138 CITY-ST-ZIP Change TITLE Deleta TITLE ☐ Addition FEDDERN, TANYA Tanya Feddern-Beckan NAME NAME STREET ADDRESS **5724 LINCOLN ST** STREET ADDRESS 5724 Lincoln Street HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP Hollywood, Fl. 33021 XXChange | ☐ Addition TILE XX Delete mr RICHARDSON, INDIRA Joan Swan NAME NAME STREET ADDRESS 1400 NE 191 ST STREET ADDRESS 1080 94 Street #507 CITY-ST-ZIP NORTH MIAMI, FL 33179 CITY-ST-ZIP 33154 Bav Harbour Islands ☐ Change X 🖾 Addition TILLE ☐ Delete HILLE NAME SWAN, JOAN NAME Paul Suder 1080 94 STREET SUITE 507 STREET ADDRESS STREET ADDRESS 5722 Lincoln Street CITY-ST-ZIP BAL HARBOUR, FL 33154 CITY-ST-ZIP Hallywood, Fl. TITLE Delete TITLE ☐ Change ■ Addition PASTIU. DANIELA NAME MAME 609 NE 14TH AVE, APT 503 STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

CITY-ST-ZIP

HALLANDALE, FL 33009

rdanne Lock Carolanne Cocchi (305)754-02583/24/08 SIGNATURE: KATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR