2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009018

Entity Name: KISMET DANCE FOUNDATION, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1089 NE 1	04 STREET ORES, FL 331						
Current Mailing Address:				New Mailing Address:			
	04 STREET ORES, FL 331	38					
FEI Number:	: 04-3595411	FEI Number Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Status	Desired()
Name and	Address of C	Current Registered Agent:		Name and	Address of I	New Registered Ag	ent:
COCCHI, CAROLANNE 1089 NE 104T HST MIAMI SHORES, FL 33138 US				COCCHI, CAROLANNE 1089 NE 104TH ST MIAMI SHORES, FL 33138 US			
The above in the State	named entity e of Florida.	submits this statement for the	e purpose o	f changing it	ts registered o	office or registered a	gent, or both,
SIGNATURE:				03/31/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MOGANTINI, L	MEON WAY APT. 702		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	TD (COCCHI, CARG 1089 NE 104 S MIAMI SHORE	TREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (FEDDERN-BEG 5724 LINCOLN HOLLYWOOD,	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SWAN, JOAN 1080 94 STRE) Delete ET #507 SLANDS, FL 33154		Title: Name: Address: City-St-Zip:	SWAN, JOAN 1080 94 STRE	C) Change () Addition ET #507 R ISLANDS, FL 33154	
Title: Name: Address: City-St-Zip:	D (SWAN, JOAN 1080 94 STRE BAL HARBOUF			Title: Name: Address: City-St-Zip:	D (X SUDER, PAUL 5722 LINCOLN HOLLYWOOD,		
Title: Name: Address: City-St-Zip:	D (PASTIU, DANIE 609 NE 14TH A HALLANDALE,	VE, APT 503		Title: Name: Address: City-St-Zip:	D (X BAHRY, CHAR 29 NW 9TH AV MIAMI, FL 331	'ENUE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROLANNE COCCHI TD 03/31/2009