

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002038

FILED
Mar 10, 2006
Secretary of State

Entity Name: SOUTH FLORIDA BALLET THEATER INC.

Current Principal Place of Business:

2029-B TYLER ST..
HOLLYWOOD, FL 33020 BR

New Principal Place of Business:

Current Mailing Address:

2029-B TYLER ST..
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 04-3626450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSEFF, PATRICIA
950 S. SOUTHLAKE DR..
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AD () Delete
Name: DECHANE, LYNDIA S AD
Address: 2029-B TYLER ST.
City-St-Zip: HOLLYWOOD, FL 33020 BR

Title: VP () Delete
Name: AUDETTE, JOSEPH VIPRS
Address: 2501 S. OCEAN DR.
City-St-Zip: HOLLYWOOD, FL 33019 BR

Title: D () Delete
Name: EDWARDS, JAMES D
Address: 330 NORTH FEDERAL HWY
City-St-Zip: HOLLYWOOD, FL 33020 BR

Title: P () Delete
Name: ASSEFF, PATRICIA PRESIDE
Address: 950 SOUTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019 BR

Title: D () Delete
Name: JAMALADDINE, JUDITH
Address: 1049 N SOUTHLAKE DR.
City-St-Zip: HOLLYWOOD, FL 33019 BR

Title: D () Delete
Name: WASSERSTROM, JESSICA & KEIT DIRECTO
Address: 3810 N. 41 AVE
City-St-Zip: HOLLYWOOD, FL 33021 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: AMITRANO, LAURA SECRATA
Address: 4934 SW. 26TH TERR.
City-St-Zip: FT. LAUDERDALE,, FL 33312 BR

Title: TR (X) Change () Addition
Name: MULKO, ADRIAN TREASUR
Address: 2401 S. OCEAN DR. # 1403
City-St-Zip: HOLLYWOOD, FL 33019 BR

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNDIA DECHANE

AD

03/10/2006

Electronic Signature of Signing Officer or Director

Date