

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90239 027 ***150.00

DOCUMENT # N02000004244

1. Entity Name

BALLET PANAMA ESPECTACULAR INC.



Principal Place of Business

**8448 N.W. 196TH TERRACE
MIAMI FL 33015**

Mailing Address

**8448 N.W. 196TH TERRACE
MIAMI FL 33015**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1538487

Applied For

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

**SANCHEZ, DALILA
8448 N.W. 196TH TERRACE
MIAMI FL 33015**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE: **D** ☐ Delete
NAME: **SANCHEZ, DALILA**
STREET ADDRESS: **8448 N.W. 196TH TERRACE**
CITY-ST-ZIP: **MIAMI FL 33015**

TITLE: **D** ☐ Delete
NAME: **AROSEMEÑA, EDGAR GENERAL**
STREET ADDRESS: **8448 N.W. 196TH TERRACE**
CITY-ST-ZIP: **MIAMI FL 33015**

TITLE: **TD** ☐ Delete
NAME: **VILLARREAL, DIORIS**
STREET ADDRESS: **8448 N.W. 196TH TERRACE**
CITY-ST-ZIP: **MIAMI FL 33015**

TITLE: **SD** ☐ Delete
NAME: **RIVERA, JERKIER**
STREET ADDRESS: **8448 N.W. 196TH TERRACE**
CITY-ST-ZIP: **MIAMI FL 33015**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dalila Sanchez* **President** *04-26-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #