

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005314

FILED
May 02, 2009
Secretary of State

Entity Name: TRANZENDANCE DANCE PRODUCTIONS INC.

Current Principal Place of Business:

9923 S. HOLLYBROOK LAKE DR
UNIT 104
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

9923 S. HOLLYBROOK LAKE DR.
UNIT 104
PEMBROKE PINES, FL 33025

New Mailing Address:

9923 S. HOLLYBROOK LAKE DR
UNIT 104
PEMBROKE PINES, FL 33025

FEI Number: 82-0565356 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALENZUELA, CHERILYN A
2555 NE 11 ST
APT. 303
FT. LAUDERDALE, FL 33304 US

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: PD () Delete
Name: VALENZUELA, CHERILYN
Address: 2555 NE 11 ST #303
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D () Delete
Name: VALENZUELA, LINDA
Address: 9923 S HOLLYBROOK LAKE DR
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD () Delete
Name: SMITH, SAHARA
Address: 6500 NE 18 AVE, APT. 8
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: SD () Delete
Name: LOWE, AYANNA
Address: 9158 NW 40 ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD () Delete
Name: THOMAS, TREMAINE
Address: 9158 NW 40 ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: PORTUGUEZ, TONO
Address: 9923 S HOLLYBROOK LAKE DR
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: CHERI VALENZUELA

PD

05/02/2009

Electronic Signature of Signing Officer or Director

Date