

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

FILED
5 Jul 06, 2004 8:00 am
Secretary of State

05-03-2004 90682 040 ****70.00

DOCUMENT # N02000009097 1. Entity Name INTERNATIONAL TANGO FANTASY FESTIVAL, INC.					
Principal Place of Business 5757 S.W. 88TH COURT MIAMI FL 33173 US			Mailing Address 5757 S.W. 88TH COURT MIAMI FL 33173 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number AP-PLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E037 (11/03) 55-0829732	
6. Name and Address of Current Registered Agent HENSON, JOHN D 5757 S.W. 88 COURT MIAMI FL 33173				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GESUALDI, FANNY 8851 NW 119 STREET APT 5228 HIALEAH FL 33018 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S/D HENSON, JOHN D. 5757 S.W. 88 COURT MIAMI, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, MATILDE 2236 SW 4TH STREET MIAMI FL 33135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KHOURI, GEORGE 2570 S.W. 22ND. AVENUE MIAMI FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HENSON, LYDIA C 5757 S.W. 88TH COURT MIAMI FL 33173 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Lydia C. Henson</u> (LYDIA C. HENSON) 4/26/04 (305) 274 2705 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

66429415

#No 200000 9097

INTERNATIONAL TANGO FANTASY FESTIVAL, INC.

**5757 S.W. 88 Ct.
Miami, FL 33173
Tel. 305-274-2705
Fax- 305-595-7934**

June 27, 2004

Florida Department of State
Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

RE: INTERNATIONAL TANGO FANTASY FESTIVAL, INC.

Please excuse my delay in answering this notice but I have been traveling outside the state and have recently returned.

I had been assigned an FEI number back in May, 2003 but it was never recorded by your office. Document is attached to verify this number. I trust this is corrected now.

Thank you for your cooperation.

Sincerely,



Lydia C. Henson
President

Lch

Enc. a/s

Attachment

x

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

DATE OF THIS NOTICE: 05-16-2003
NUMBER OF THIS NOTICE: CP 575 F
EMPLOYER IDENTIFICATION NUMBER: 55-0829732
FORM: SS-4 NOBOD

66429415

#N02.000009097

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

INTERNATIONAL TANGO FANTASY
% LYDIA C HENSON
5757 SW 88 CT
MIAMI FL 33173

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 55-0829732. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

INTERNATIONAL TANGO FANTASY
FESTIVAL INC
% LYDIA C HENSON
USTC TANGO FANTASY INC
5757 SW 88 CT
MIAMI FL 33173

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

(IRS USE ONLY)

575F

Attachment

05-16-2003 INTE 0 0134445988 SS-4

66429415

#N0200000 9097

Keep this part for your records.

CP 575 F (Rev. 1-2001)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 F

0134445988

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 05-16-2003
EMPLOYER IDENTIFICATION NUMBER: 55-0829732
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

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FESTIVAL INC
% LYDIA C HENSON
USTC TANGO FANTASY INC
5757 SW 88 CT
MIAMI FL 33173