


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90020 003 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000009097	
<b>1. Entity Name</b> INTERNATIONAL TANGO FANTASY FESTIVAL, INC.	

<b>Principal Place of Business</b> 5757 S.W. 88TH COURT MIAMI FL 33173 US	<b>Mailing Address</b> 5757 S.W. 88TH COURT MIAMI FL 33173 US
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 55-0829732	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

1st MOORE CR2E037 (10/06)



<b>6. Name and Address of Current Registered Agent</b>  BLANCO, ELSIE RA 1828 S.W. 23RD. TERRACE MIAMI FL 33144	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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 reinstating)

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> VPD <b>NAME</b> SHINBERG, ROSITA C VPD <b>STREET ADDRESS</b> 893 WEST ROXBURY PARKWAY <b>CITY - ST - ZIP</b> CHESTNUT HILL MA 02467	<input type="checkbox"/> Delete	<b>TITLE</b> VPD <b>NAME</b> BILL BONILLA <b>STREET ADDRESS</b> 71 48 S.W. 47 STREET <b>CITY - ST - ZIP</b> MIAMI, FL 33155-4642	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> PEREZ, MATILDE <b>STREET ADDRESS</b> 2236 SW 4TH STREET <b>CITY - ST - ZIP</b> MIAMI FL 33135	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> KHOURY, GEORGE <b>STREET ADDRESS</b> 2570 S.W. 22ND. AVENUE <b>CITY - ST - ZIP</b> MIAMI FL 33133	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> IBANEZ-LOPEZ, CARMEN M VPD <b>STREET ADDRESS</b> 4855 HUNTER'S WAY <b>CITY - ST - ZIP</b> BOCA RATON FL 33434	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PRES <b>NAME</b> HENSON, LYDIA C PRES <b>STREET ADDRESS</b> 5757 S.W. 88 COURT <b>CITY - ST - ZIP</b> MIAMI FL 33173	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

*Lydia C. Henson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 22/07* 305-274-2705  
Date Time Phone #