

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000062

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: BALLET FOLKLORICO BOLIVIA, INC.

**Current Principal Place of Business:**

8761 PLACID TERRACE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

8761 PLACID TERRACE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BARRIS, LILIAN N  
8761 PLACID TERRACE  
LAKE WORTH, FL 33467 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: PD ( ) Delete  
Name: BARRIS, LILIAN N  
Address: 8761 PLACID TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD ( ) Delete  
Name: VILLAROEL, RICARDO  
Address: 260 S CYPRESS RD  
City-St-Zip: POMPANO BCH, FL 33060

Title: STD ( ) Delete  
Name: BARRIS, ABILIO  
Address: 5698 LAKE GEORGE PLACE  
City-St-Zip: LAKE WORTH, FL 33463

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LILIAN N. BARRIS

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date