

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

07-28-2004 90024 040 ****70.00

DOCUMENT # N03000000453			
1. Entity Name ACADEMY OF ARTS DANCE COMPANY			
Principal Place of Business 911 N.W. 209TH AVE #121 PEMBROKE PINES, FL 33029		Mailing Address 911 N.W. 209TH AVE #121 PEMBROKE PINES, FL 33029	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent RUSSO-COLUMNA, REBECA 911 N.W. 209TH AVE #121 PEMBROKE PINES, FL 33029		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 filer if applicable. (NOTE: Registered Agent signature required when renewing.) DATE _____			
Filing Fee is \$61.25 Due by September 8, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSO-COLUMNA, REBECA 911 N.W. 209TH AVE #121 PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLUMNA, PAUL 911 N.W. 209TH AVE #121 PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUSSO, VANESSA 911 N.W. 209TH AVE #121 PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUSSO, FRANCESCA 911 N.W. 209TH AVE #121 PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 filers empowered.			
SIGNATURE: <i>Rebeca Russo-Columna</i>		7/25/04 (954) 442-1752	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date/Time	

66432004



07252004 Chg-NP CR2E037 (10/03)

4. FEE Number **810594379** Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required