



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90029 040 \*\*\*\*61.25

<b>DOCUMENT # N03000000857</b> 1. Entity Name <b>MABUHAY DANCERS OF PENSACOLA, INC.</b>					
Principal Place of Business <b>6658 BLACK OAK PLACE PENSACOLA, FL 32526</b>			Mailing Address <b>6658 BLACK OAK PLACE PENSACOLA, FL 32526</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>34011261</b>  	
City & State		City & State		4. FEI Number <b>550826479</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASPRER, FRANKLIN C 6658 BLACK OAK PLACE PENSACOLA, FL 32526</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <b>FRANKLIN C. ASPRER - PRESIDENT</b>  <i>Franklin C. Asprer</i> </div> <div style="width: 40%; text-align: right;"> <b>FEB 23, 2004</b>            DATE         </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>FRANKLIN C. ASPRER</b> <b>6658 BLACK OAK P</b> <b>PENSACOLA FL 32526</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>TERESITA BEASLEY</b> <b>1446 LITTLE CREEK DR</b> <b>PENSACOLA FL 32506</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>CORAZON ASPRER</b> <b>6658 BLACK OAK PL</b> <b>PENSACOLA FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>MYLENE KAIBIGAN</b> <b>4051 EMBERS LANDING</b> <b>PENSACOLA FL 32505</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRO</b> <b>DOMINIQUE WARNER</b> <b>673 RANDALL ROBERTS RD</b> <b>FORT WALTON BEACH FL 32547</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADVISER/DIRECTOR</b> <b>ANITA AGUNIAS</b> <b>6699 PENTON ST</b> <b>PENSACOLA FL 32506</b>		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.					
<b>SIGNATURE: FRANKLIN C. ASPRER - PRESIDENT</b> <i>Franklin C. Asprer</i>			<b>FEB 23, 2004</b> (850) 944-6524 Date Daytime Phone #		