


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000000857</b> 1. Entity Name <b>MABUHAY DANCERS OF PENSACOLA, INC.</b>	
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Principal Place of Business <b>6658 BLACK OAK PLACE PENSACOLA, FL 32526</b>	Mailing Address <b>6658 BLACK OAK PLACE PENSACOLA, FL 32526</b>
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**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>55-0826479</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ASPRER, FRANKLIN C  
6658 BLACK OAK PLACE  
PENSACOLA, FL 32526**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASPRER, FRANKLIN C 6658 BLACK OAK P PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEASLEY, TERESITA 1446 LITTLE CREEK DR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASPRER, CORAZON 6658 BLACK OAK PL PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAIBIGAN, MYLENE 4051 EMBERS LANDING PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRO WARNER, DOMINIQUE 673 RANDALL ROBERTS RD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD AGUNIAS, ANITA 6699 PENTON ST PENSACOLA, FL 32506

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IN THIS SPACE**

U000000765364  
06/01/07-80002-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **(850) 944-6574**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #