## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 22, 2004 8:00 am Secretary of State DOCUMENT # N03000002733 1. Entity Name 04-22-2004 90095 020 \*\*\*\*70.00 TEATRO BALLET CRISTIANO OF MIAMI, CORP. Principal Place of Business Mailing Address 1892 NW 24 AVE. MIAMI FL 33125 1892 NW 24 AVE. **MIAMI FL 33125** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMERO, ANGEL G Street Address (P.O. Box Number is Not Acceptable) 1892 NW 24 AVE. **MIAMI FL 33125** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change Addition ☐ Delete ROMERO, ANGEL G NAME NAME 1892 NW 24 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ROMERO, ASUKA S NAME NAME 1892 NW 24 AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33125** CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE Jamy Delgado 11392 S.W. 207 Dr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33189 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Michael Ferrer NAME NAME STREET ADDRESS 11392 SIW. 207 Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33189 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 thustee 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. (786)663-0777

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Angel G. Romero

FILED

(305) 634-7655