2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004
Secretary of State

DOCUMENT# N03000006969

Entity Name: SOFLO BALLET, INC

Current Principal Place of Business:

2300 SHERMAN CIR. N
#108
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

2300 SHERMAN CIR. N
#108
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 54-2123829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, BERNADETTE F
8000 SW 21ST CT
MIRAMAR, FL 33025 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:	CPT	( ) Delete
Name:	SANDERS, BERNADETTE F	
Address:	PO BOX 24115	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	SVPT	( ) Delete
Name:	SANDERS, FREDDIE J	
Address:	PO BOX 245114	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	DVP	( ) Delete
Name:	FRANKLIN, BYRON D ESQ	
Address:	28 DOGWOOD RD	
City-St-Zip:	JERSEY CITY, NJ 07305	
Title:	D	( ) Delete
Name:	TAYLOR, VIRGINIA	
Address:	2220 E 96TH STREET	
City-St-Zip:	CHICAGO, IL 60617	
Title:	D	(X) Delete
Name:	WILLIS, RONNIE	
Address:	PO BOX 245114	
City-St-Zip:	PEMBROKE PINES, FL 33024	

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:	
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: BERNADETTE SANDERS CPT 08/06/2004
Electronic Signature of Signing Officer or Director — Date