

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006969

FILED
Sep 06, 2005
Secretary of State

Entity Name: SOFLO BALLET, INC

Current Principal Place of Business:

2300 SHERMAN CIR. N
#108
MIRAMAR, FL 33025

New Principal Place of Business:

PO BOX 245114
PEMBROKE PINES, FL 33024

Current Mailing Address:

2300 SHERMAN CIR. N
#108
MIRAMAR, FL 33025

New Mailing Address:

PO BOX 245114
PEMBROKE PINES, FL 33024

FEI Number: 54-2123829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

SANDERS, BERNADETTE F
2300 N SHERMAN CIRCLE
108
MIRAMAR, FL 33025 US

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:

09/06/2005

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 (X) 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

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: D (X) Change () Addition
Name: TAYLOR, VIRGINIA
Address: PO BOX 245114
City-St-Zip: PEMBROKE PINES, FL 33024

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

09/06/2005

Electronic Signature of Signing Officer or Director

Date