

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007093

FILED
Jan 06, 2006
Secretary of State

Entity Name: FORT LAUDERDALE CITY BALLET INC.

Current Principal Place of Business:

2646 NE 189TH TERRACE
MIAMI, FL 33081

New Principal Place of Business:

Current Mailing Address:

2646 NE 189TH TERRACE
MIAMI, FL 33081

New Mailing Address:

FEI Number: 20-0757730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALIENTE, ADA
3549 GULFSTREAM WAY
DAVIE, FL 33328 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: PRES () Delete
Name: PYOTT, GARY
Address: 17980 NE 31ST COURT. STE. 1230
City-St-Zip: AVENTURA, FL 33160 US

Title: VP () Delete
Name: ROSENCWAIG, LESLIE
Address: 1 SE 3RD AVENUE
City-St-Zip: MIAMI, FL 33131 US

Title: SEC () Delete
Name: RENTERIA, ERIC C
Address: 3220 SW 186TH TERRACE
City-St-Zip: MIRAMAR, FL 33029 US

Title: TREA () Delete
Name: GARCIA, ADA
Address: 18630 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ADA VALIENTE

MS.

01/06/2006

Electronic Signature of Signing Officer or Director

Date