


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90403 047 \*\*\*\*61.25

<b>DOCUMENT # N03000010481</b> 1. Entity Name <b>INTERNATIONAL HUSTLE DANCE ASSOCIATION, INC.</b>			
Principal Place of Business <b>56 N. FEDERAL HWY. DANIA, FL 33004</b>		Mailing Address <b>56 N. FEDERAL HWY. DANIA, FL 33004</b>	
2. Principal Place of Business <b>PO Box 6225</b>		3. Mailing Address <b>P.O Box 6225</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>NY NY 10150</b>		City & State <b>NY NY 10150</b>	
Zip <b>10150</b>		Zip <b>10150</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>56-2428720</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  <b>FAJARDO, BILLY 56 N. FEDERAL HWY. DANIA, FL 33004</b>		7. Name and Address of New Registered Agent Name <b>S. ORLIKOFF</b> Street Address (P.O. Box Number is Not Acceptable) <b>481 NW 76th Ave Building H Suite 201</b> City <b>MARGATE</b> FL <b>33063-4846</b>	
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 <u><i>Soren Orlikoff</i></u> <u><i>Ben Cuy</i></u> <u><i>28 April 05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>P</b> NAME <b>FAJARDO, BILLY</b> STREET ADDRESS <b>56 N. FEDERAL HWY.</b> CITY-ST-ZIP <b>DANIA, FL 33004</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>ARTE PHILLIPS</b> STREET ADDRESS <b>PO Box 6225</b> CITY-ST-ZIP <b>NY, NY 10150</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>PHILLIPS, ARTE</b> STREET ADDRESS <b>56 N. FEDERAL HWY.</b> CITY-ST-ZIP <b>DANIA, FL 33004</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V</b> NAME <b>ROBERT FINOCCHIO</b> STREET ADDRESS <b>PO Box 6225</b> CITY-ST-ZIP <b>NY, NY 10150</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>MARLOW, KATIE</b> STREET ADDRESS <b>56 N. FEDERAL HWY.</b> CITY-ST-ZIP <b>DANIA, FL 33004</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>T</b> NAME <b>DANIEL MCGEE</b> STREET ADDRESS <b>PO Box 6225</b> CITY-ST-ZIP <b>NY, NY 10150</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>S</b> NAME <b>BETH DARCI</b> STREET ADDRESS <b>P.O. Box 6225</b> CITY-ST-ZIP <b>NY, NY 10150</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u><i>Arte Phillips</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>4/28/05</i></u> <small>Daytime Phone #</small>	