2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009216

1. Entity Name

EVOLUTION DANCE TEAM BOOSTER CLUB, INC.



FILED Feb 22, 2007 8:00 am

Secretary of State

02-22-2007 90004 018 ****70.00

				1						
Principal Place of Business 13001 SW 26 STREET ATTENTION: MS. T. PERRY MIAMI, FL 33175		Mailing Address 13001 SW 26 STREET ATTENTION: MS. J. PERRY MIAMI, FL 33175			գորութու					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite Apt # ata		Suite And the sta								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02182007	Chg-NP	CR2E	037 (12/06)	•
City & State		City & State				4. FEI Number 41-2184	543			Applied For Not Applicable
Zip	Country	Zip		Country		5. Certificate of	of Status Desired	$ \checkmark $	\$8.75 A	
	6. Name and Address of Curren	t Registere	d Agent			7. Name and A	Address of New	Registered	Agent	
MELO, OL	.GA			Name	•					
	139 AVENUE		Street Addres			s (P.O. Box Number is Not Acceptable)				
				<u> </u>						<u>. </u>
				City				Fi	L Zip Co	ode
	named entity submits this statement tions of registered agent.	for the purpo	ose of changing its re	egistered office	or register	ed agent, or both	, in the State of F	Florida. I an	n familiar witi	h, and accept
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SIGNATURE COASTELS OLG.								2/17/	07	
	Signature, type or printed name of registered ager	nt and title if appli	cable. (NOTE. f	Registered Agent sig	pature required	(when reinstaling)		DATE		
Filing Fee Is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.							
					_	\$5.00 May Be Added to Fees	, ,		ck payable artment of	
10.	Due by May 1, 2007 OFFICERS AND D	RECTORS				\$5.00 May Be Added to Fees ADDITIONS/CHA	Fic	orida Depa	artment of	State
TITLE NAME	OFFICERS AND D P MELO, OLGA	IRECTORS		11. TITLE NAME		Added to Fees	Fic	orida Depa	artment of	State IN 10
TITLE	OFFICERS AND D	IRECTORS	Trust Fund Co	11.		Added to Fees	Fic	orida Depa	OIRECTORS	State IN 10
TITLE NAME STREET ADDRESS	P MELO, OLGA 2603 SW 139 AVENUE MIAMI, FL 33175	IRECTORS	Trust Fund Co	TITLE NAME STREET ADDRES CITY-ST-ZIP		Added to Fees	Fic	orida Depa	OIRECTORS	State IN 10 : Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/07

(305) 992-1879

Daytime Phone #