

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90045 013 ****61.25

60028588



DOCUMENT # N05000011566 1. Entity Name HISPANIC FLAMENCO BALLET ENSEMBLE INC.			
Principal Place of Business 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 7445 Collins Avenue		3. Mailing Address 835 N. Shore Drive	
Suite, Apt. #, etc. suite 208		Suite, Apt. #, etc. 	
City & State Miami Beach, FL 33141		City & State Miami Beach, FL 33141-2437	
Zip 33141		Zip 33141-2437	
Country Miami-Dade		Country Miami-Dade	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION LLC 520 BRICKELL KEY DR SUITE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Eligio A. MOYA Street Address (P.O. Box Number is Not Acceptable) 835 N. Shore Drive City Miami Beach FL Zip Code 33141-2437	
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 <i>Eligio A. Moya V.P.</i> <small>Signature typed or printed name of registered agent and title if applicable.</small> ELIGIO A. MOYA		DATE Feb. 20, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERON, JORGE 1140 W 29TH STREET #30 HIALEAH, FL 33012	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOYA, ELIGIO A 835 N SHORE DR MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEL RIO, IVAN 835 NORTH SHORE DR MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUENTHER, PAOLA 177 OCEAN LANE DR #805 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-20-07 Daytime Phone # 305-420-6622 786-258-4336	