FILED
Apr 17, 2008 08:00 AI
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011566

1. Entity Name
HISPANIC FLAMENCO BALLET ENSEMBLE INC.

Principal Place of Business	Mailing Address
7445 COLLINS AVENUE SUITE 208 MIAMI BEACH, FL 33141	835 N. SHORE DRIVE MIAMI BEACH, FL 33141-2437

DO NOT WRITE IN THIS SPACE

04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3871155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOYA, ELIGIO A
835 N. SHORE DRIVE
MIAMI BEACH, FL 33141-2437

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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 ______________________ DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000904253
05/01/08-80005-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CERON, JORGE
STREET ADDRESS	1140 W 29TH STREET #30
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VD
NAME	MOYA, ELIGIO A
STREET ADDRESS	835 N SHORE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TD
NAME	DEL RIO, IVAN
STREET ADDRESS	835 NORTH SHORE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	SD
NAME	GUENTHER, PAOLA
STREET ADDRESS	177 OCEAN LANE DR #805
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Eligio A. Moya, V.P 4-15-08 786-252-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #