2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007750

FILED Apr 30, 2008 Secretary of State

Entity Name: CENTER STAGE MAGNET DANCE BOOSTER INC.

Current Principal Place of Business: New Principal Place of Business:

3615 PLAZA ST 10455 SW 96 TERRACE MIAMI, FL 33133 MIAMI, FL 33176

WID (1811, T.E. 33.173.5)

Current Mailing Address: New Mailing Address:

3615 PLAZA ST 10455 SW 96 TERRACE MIAMI, FL 33133 MIAMI, FL 33176

FEI Number: 26-0688127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCGONIGAL, MICHELLE 3615 PLAZA ST MIAMI, FL 33133 US

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:

Flackwaria Ciamakura of Danishara d Anauk

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: PRES (X) Change () Addition

 Name:
 POUSADA, ELIZABETH A
 Name:
 CORBIN, LISA

 Address:
 1216 SAN MIGUEL AVENUE
 Address:
 10455 SW 96 TERRACE

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 MIAMI, FL 33176

Title: VP () Delete Title: VPRE (X) Change () Addition

 Name:
 MCGONIGAL, MICHELLE
 Name:
 MASTRAPE, LOLY

 Address:
 3615 PLAZA STREET
 Address:
 7300 SW 19 TERRACE

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33155

Title: TRES () Delete Title: () Change () Addition

 Name:
 VALDES, JENNIE T
 Name:

 Address:
 5500 SW 62 AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 BAUZA, ISIS
 Name:
 MEDEROS, GEORGINA

 Address:
 15950 SW 168 AVENUE
 Address:
 7607 SW 108 PLACE

 City-St-Zip:
 MIAMI, FL 33187
 City-St-Zip:
 MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify 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: LISA CORBIN PRES 04/30/2008