

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 19, 2009  
Secretary of State**

DOCUMENT# N08000009306

Entity Name: AMANDA BENITEZ AIRE FLAMENCO, INC.

**Current Principal Place of Business:**

2253 NOVA VILLAGE DR.  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

2253 NOVA VILLAGE DR.  
DAVIE, FL 33317

**New Mailing Address:**

FEI Number: 26-3496883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CARNEY, AMANDA  
2253 NOVA VILLAGE DR.  
DAVIE, FL 33317      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CARNEY, AMANDA  
Address: 2253 NOVA VILLAGE DR.  
City-St-Zip: DAVIE, FL 33317 US

Title: ADMD      ( ) Delete  
Name: GARRIDO, GLENDA  
Address: 16825 SW 240TH STREET  
City-St-Zip: MIAMI, FL 33031

Title: OFFR      ( ) Delete  
Name: JOHN, CARNEY  
Address: 2253 NOVA VILLAGE DR.  
City-St-Zip: DAVIE, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AMANDA CARNEY

P

08/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date