


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90003 037 \*\*\*\*61.25

<b>DOCUMENT # N10200</b> 1. Entity Name MARY STREET DANCE THEATRE, INC.	
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Principal Place of Business % KYLE R SAXON 6820 SW 65 AVE MIAMI, FL 33143	Mailing Address % KYLE R SAXON 6820 SW 65 AVE MIAMI, FL 33143
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**54060814**



06232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2637074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SAXON, KYLE R <del>1700 ALFRED DUPONT BLVD</del> 2600 DOUGLAS RD. <del>MIAMI, FL 33134</del> SUITE 1109 CORAL GABLES, FL 33134
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

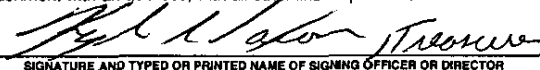
**Filing Fee is \$61.25  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREE, DALE 6820 SW 65 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATAIE, SHAHREYAR 11651 W BISCAYNE CANAL ROAD MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAXON, KYLE R 6820 SW 65 AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, DIEGO 2159 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, ASELA 1803 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 305-771-9525  
Date Daytime Phone #