

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N10746

1. Entity Name
MIAMI CITY BALLET, INC.



Principal Place of Business

**2200 LIBERTY AVE
MIAMI BEACH, FL 33139**

Mailing Address

**2200 LIBERTY AVE
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2578534

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARDINER, PAMELA
2200 LIBERTY AVE
MIAMI BEACH, FL 33139**

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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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME EIDSON, MIKE
STREET ADDRESS 255 ARAGON AVE 2ND FLOOR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VT
NAME RICHTER, ROSALIND
STREET ADDRESS 10651 NE QUAYBRIDGE
CITY-ST-ZIP MIAMI, FL 33138

TITLE TT
NAME ESSERMAN, RON
STREET ADDRESS 10455 NW 12 ST
CITY-ST-ZIP MIAMI, FL 33172

TITLE VT
NAME SHULTZ, MICHAEL
STREET ADDRESS 2830 LONG MEADOW DR.
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VT
NAME MCGOWAN, GREGORY
STREET ADDRESS 500 EAST BROWARD BLVD, #2100
CITY-ST-ZIP FT LAUDERDALE, FL 33394

TITLE T
NAME ANSIN, TOBY
STREET ADDRESS 6810 RIVIERA DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33146

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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)(f), 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

Date

Daytime Phone #

Lewis Eidson **Lewis Eidson** 4/14/05 (305) 929-7000