

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

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13826**  
 1. Entity Name  
**BALLET FLAMENCO LA ROSA, INC.**



Principal Place of Business      Mailing Address  
**13126 W DIXIE HWY**      **1031 NE 72 STREET**  
**MIAMI, FL 33161 US**      **MIAMI, FL 33138 US**



04262005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2826091**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GEORGE, LORI I**  
**1031 NE 72 ST.**  
**MIAMI, FL 33138**

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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: *Lori Ilise George*      DATE: 4/26/05

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

**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	D
NAME	GEORGE, LORI ILISE
STREET ADDRESS	1031 N.E. 72ND STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	ROSEN, PAUL
STREET ADDRESS	35 S. HIBISCUS DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33134
TITLE	D
NAME	VAIVADA, MILDA
STREET ADDRESS	159 NW 45TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
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 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: *Lori Ilise George*      DATE: 4/26/05      DAYTIME PHONE #: 305 8997730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR