ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED
DOCUMENT # N13826  1. Enlity Name				Feb 02, 2006 08:00 AM Secretary of State
BALLET FLAMENCO LA ROSA, INC.				Secretary of State
Principal Place of Business		Mailing Address		
13126 W DIXIE HWY MIAMI FL 33161 US		1031 NE 72 STREET MIAMI FL 33138 US	, ; ; ; ; ;	
2. Principal Place of Business		3. Mailing Address	t t	
Suite, Apt. f	f, etc	Suite, Apt. #, etc.	<u> </u>	1st MOORE CR2E037 (10/05)
City & State		City & State	ı	4. FE! Number   Applied For   59-2826091   Not Applicate
Zip	Country	Z <sub>i</sub> p	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
<u> </u>	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
GEORGE, LORI I 1031 NE 72 ST. MIAMI FL 33138		·	Street Address	(P.O. Box Number is Not Acceptable)
	55.55		City	FL Zip Code
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. Lam familiar with, and access				
the obligations of registered agent.				
SIGNATURE _	Bignuture typed or primted name of registered agen	The distribution of the state o	F Paralmed County annual and a	1/24/04
Stiphature hyperd or primted name of Tegistored agent and title of tapplicable: (NOTE, Registored Agent signature regulated whon reinstating) OATE				
F	ILE NOW: FEE IS \$61.25 Due By May 1, 2006		npaign Financing Contribution.	\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
] '````	D GEORGE, LORI ILISE	☐ Delete	भार	☐ Change ☐ Aikini
	1031 N.E. 72ND STREET	<del>-</del>	NAME - STREET ADDRESS	92/11/06-80096-003 70.00
<u> </u>	MIAMI FL 33138		CITY-ST-ZIP	01, 11, 00 00000 000 10, 00
} '''	D ROSEN, PAUL	☐ Delete	NAME	☐ Change ☐ Autom
, ,	35 S. HIBISCUS DRIVE		STREET ADDRESS	
<del></del>	MIAMI BEACH FL 33134 D	Delete_	CITY - ST - ZIP	Change Addition
NAME .	VAIVADA, MILDA	LI Ocion	NAME	- Committee of the comm
	159 NW 45TH STREET MIAMI FL 33138		STREET ABORESS CITY ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A-***
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CHY+ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A-A-fr
NAME SIREET ADDRESS			NAME STREET ADDRESS	
GITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	DILE	☐ Change ☐ Address
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CHY-SI-ZIP	
12. I hereby of indicated a of the corp of changed	ertify that the information supplied wi on this report or supplemental report oration or the receiver or trustee em I, or on an attachment with an addre	th this filing does not qualify fi is true and accurate and that i powered to execute this repo- ss, with all other like empowe	for the exemptions contained my signature shall have the rt as required by Chapter 6 red.	ed in Section 119, Florida Statutes 1 further certify that the information same legal effect as if made under oath; that I am an officer or direct 17, Florida Statutes, and that my name appears in Block 10 or Block 1
SIGNATURE. An Ille DLO &				