


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90087 001 ****61.25
 02-06-2008 90087 002 *****8.75

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 MIAMI FL 33138
 US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number 59-2826091 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/07)

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

B. 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 the filer (applicable). (NOTE: Registered Agent signature is not used when registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, LORI ILISE <input type="checkbox"/> Delete 1031 N.E. 72ND STREET MIAMI FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, PAUL <input type="checkbox"/> Delete 35 S. HIBISCUS DRIVE MIAMI BEACH FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAIVADA, MILDA <input type="checkbox"/> Delete 159 NW 45TH STREET MIAMI FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition George, Michael 1031 N.E. 72 St Miami, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*, Lori Ilise George 1/24/08 305 756 5226