2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N17197

Entity Name: FORT LAUDERDALE BALLET CLASSIQUE, INC.

Current Principal Place of Business:

% MAGDA AUNON
508 NORTHEAST 43TD STREET
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

% MAGDA AUNON
508 NORTHEAST 43TD STREET
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 59-2784027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AUNON, MAGDA
508 NORTHEAST 43TD STREET
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	AUNON, MAGDA	
Address:	508 N.E. 43RD STREET	
City-St-Zip:	OAKLAND PARK, FL	
Title:	TD	( ) Delete
Name:	GROSS, LAURIE	
Address:	508 N.E. 43RD STREET	
City-St-Zip:	OAKLAND PARK, FL 33334	
Title:	SD	( ) Delete
Name:	ETTLINGER, TERRI	
Address:	508 NE 43RD ST.	
City-St-Zip:	OAKLAND PARK, FL 33334	
Title:	VD	( ) Delete
Name:	BENOIT, MARY JANE	
Address:	508 NE 43RD ST	
City-St-Zip:	FORT LAUDERDALE, FL 33334	
Title:	SD	( ) Delete
Name:	BUEHLER, LYNN	
Address:	508 NE 43RD ST	
City-St-Zip:	FORT LAUDERDALE, FL 33334	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE GROSS TD 06/30/2005

Electronic Signature of Signing Officer or Director — Date