


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17197</b> 1. Entity Name <b>FORT LAUDERDALE BALLET CLASSIQUE, INC.</b>	
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Principal Place of Business <b>% MAGDA AUNON 508 NORTHEAST 43TD STREET OAKLAND PARK, FL 33334</b>	Mailing Address <b>% MAGDA AUNON 508 NORTHEAST 43TD STREET OAKLAND PARK, FL 33334</b>
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2784027</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**AUNON, MAGDA  
508 NORTHEAST 43TD STREET  
OAKLAND PARK, FL 33334**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUNON, MAGDA 508 N.E. 43RD STREET OAKLAND PARK, FL
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U00000813268  
02/12/08-80083-004 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Magda Aunon President 1/29/08 (954) 537-4195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #