2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 25, 2007 08:00 A Secretary of State DOCUMENT # N18255 1. Entity Name FLORIDA INTERNATIONAL BALLET COMPANY.INC. Principal Place of Business Mailing Address 63 SW 31 ROAD 63 SW 31 RD MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suito. Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2788348 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA-TURINO, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 1041 N.W. 32ND PL **MIAMI FL 33125** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State: 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete TITLE ☐ Change ■ Addition NAMi TOBIO, VIVIAN NAMI U00000765367 STREET ADDRESS 63 SW 31 ROAD STREET ADDRESS 06/01/07-80002-009 61.25 CITY - ST - ZIP **MIAMI FL 33129** CITY+SJ-7IP TITLE ☐ Defele DHT Change Addition SAINZ, TOBIO NAME STREET ADDRESS 63 SW 31 ROAD STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP **MIAMI FL 33129** Change mit STD - - .. ☐ Delete TITLE ☐ Addition NAME SAINZ, JORGE NAMI STREET ADDRESS STREET ADDRESS 265 DESOTO DRIVE CITY - ST- 7IP CITY-ST-ZIP MIAMI FL 33129 1011.0 ☐ Defele TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP HHE ☐ Defete THE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP TITLE. ☐ Delete TITLE. Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-S1-ZIP

12. I heroby 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 offect as if made under eath; that I am an officer or director of the corporation or the receivor 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: