


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

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N18255</b> 1. Entity Name <b>FLORIDA INTERNATIONAL BALLET COMPANY, INC.</b>		
Principal Place of Business <b>63 SW 31 ROAD MIAMI FL 33129 US</b>		Mailing Address <b>63 SW 31 RD MIAMI FL 33129</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2788348</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>GARCIA-TURINO, ROLANDO 1041 N.W. 32ND PL MIAMI FL 33125</b>	<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City
State: <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD TOBIO, VIVIAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIO, VIVIAN	NAME	
STREET ADDRESS	63 SW 31 ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	U00000765367 06/01/07-80002-009 61.25
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINZ, TOBIO	NAME	
STREET ADDRESS	63 SW 31 ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINZ, JORGE	NAME	
STREET ADDRESS	265 DESOTO DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *Vivian Sainz* **VIVIAN SAINZ** <sup>5-15-07</sup> (305) 854-4605