

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23874

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** BALLET ETUDES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

415 WEST 51 PLACE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 813591  
HOLLYWOOD, FL 33081-3591

**New Mailing Address:**

**FEI Number:** 65-0020384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BANOS, MARIA J., ESQ.  
1750 WEST 46 ST., APT. 444  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

BANOS, MARIA J., ESQ.  
19410 E OAKMONT DR  
HIALEAH, FL 330152008 US

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:

04/29/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PRIETO, JOSE F  
Address: 1032 W 79 ST  
City-St-Zip: HIALEAH, FL

Title: VPD ( ) Delete  
Name: LAGUNA, SONIA E.,  
Address: 6330 N.W. 199 LANE  
City-St-Zip: HIALEAH, FL

Title: DT ( ) Delete  
Name: ELDEN, HARRY R  
Address: 6330 NW 199TH LANE  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: BANOS, MARIA J.,  
Address: 1750 W 46 ST. #444  
City-St-Zip: HIALEAH, FL

Title: VS ( ) Delete  
Name: PRIETO, JOSE F.,  
Address: 1032 W. 79TH ST.  
City-St-Zip: HIALEAH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: ELDEN, DOMINIQUE, M,  
Address: PO BOX 813591  
City-St-Zip: HOLLYWOOD, FL 33081-3591

Title: DT (X) Change ( ) Addition  
Name: ELDEN, HARRY R  
Address: 19410 E OAKMONT DR  
City-St-Zip: HIALEAH, FL 330152008

Title: S (X) Change ( ) Addition  
Name: ELDEN, ANDREW, C,  
Address: PO BOX 813591  
City-St-Zip: HOLLYWOOD, FL 33081-3591

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 Chapter 119, 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: HARRY ELDEN

MR

04/29/2006

Electronic Signature of Signing Officer or Director

Date