


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

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N45799	
1. Entity Name	
BLACK DOOR DANCE ENSEMBLE, INC.	

Principal Place of Business	Mailing Address
11017 SW 137 PL MIAMI FL 33186	POB 16-4542 MIAMI FL 33116 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0320716	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
STEWART, KAREN 11017 SW 137 PLACE MIAMI FL 33186

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PTC <input type="checkbox"/> Delete
NAME	STEWART, KAREN M
STREET ADDRESS	11017 SW 137 PL
CITY-ST-ZIP	MIAMI FL 33186
TITLE	VD <input type="checkbox"/> Delete
NAME	AUGUSTUS-FIDELIA, VICKI
STREET ADDRESS	4271 S.W. 82ND WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33328
TITLE	S <input type="checkbox"/> Delete
NAME	SIMS, ARLICE
STREET ADDRESS	3160 SHIPPING STREET
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, ED
STREET ADDRESS	2340 N.W. 155TH TERR
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	D <input type="checkbox"/> Delete
NAME	MOSELEY, CHARLES DR
STREET ADDRESS	3000 N.E. 164TH ST
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	D <input type="checkbox"/> Delete
NAME	POLO, ISORA
STREET ADDRESS	12840 SW 43 DR, SUITE 181B
CITY-ST-ZIP	MIAMI FL 33175

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Karen Stewart 1/31/07 (305)380-6233