

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

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N45799

1. Entity Name

BLACK DOOR DANCE ENSEMBLE, INC.



Principal Place of Business

**11017 SW 137 PL
MIAMI, FL 33186**

Mailing Address

**POB 16-4542
MIAMI, FL 33116 US**



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0320716

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEWART, KAREN
11017 SW 137 PLACE
MIAMI, FL 33186**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTC
NAME	STEWART, KAREN M
STREET ADDRESS	11017 SW 137 PL
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	VD
NAME	AUGUSTUS-FIDELIA, VICKI
STREET ADDRESS	4271 S.W. 82ND WAY
CITY- ST- ZIP	FORT LAUDERDALE, FL 33328
TITLE	S
NAME	SIMS, ARLICE
STREET ADDRESS	3160 SHIPPING STREET
CITY- ST- ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	WILLIAMS, ED
STREET ADDRESS	2340 N.W. 155TH TERR
CITY- ST- ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	MOSELEY, CHARLES DR
STREET ADDRESS	3000 N.E. 164TH ST
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D
NAME	POLO, ISORA
STREET ADDRESS	12840 SW 43 DR, SUITE 181B
CITY- ST- ZIP	MIAMI, FL 33175

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02/20/08-80105-005 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08 (305) 380-6233

Date

Daytime Phone #