

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003222

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: MIAMI HISPANIC BALLET CORP.

## Current Principal Place of Business:

C/O MANUEL AIRTIME THEATER  
900 SW 1ST STREET  
MIAMI, FL 33130

## New Principal Place of Business:

## Current Mailing Address:

C/O MANUEL AIRTIME THEATER  
900 SW 1ST STREET  
MIAMI, FL 33130

## New Mailing Address:

FEI Number: 65-0441197      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

PENA, PEDRO P  
C/O MANUEL AIRTIME THEATER  
900 SW 1ST STREET  
MIAMI, FL 33130 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete  
Name: PENA, PEDRO P  
Address: 44 ANTILLAS AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: TSD ( ) Delete  
Name: DIAZ, ANA  
Address: 8615 NW 8TH ST., #324  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: ADELA DELGADO,  
Address: 1011 SW 8 ST  
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete  
Name: DEL CASTILLO, REINA  
Address: 282 NW 2ND ST.  
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete  
Name: DIAZ, ISABEL  
Address: 2725 SW 3RD AVE.  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: CABALLERO, JOSEFINA  
Address: 1001 PONCE DE LEON  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 Section 119.07(3)(i), 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: PEDRO PENA

DVD

07/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date