

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003222

FILED
Jan 05, 2006
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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-0441197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PENA, PEDRO P
C/O MANUEL ARTIME 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: PEDRO PABLO PEÑA

01/05/2006

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 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: PEDRO PABLO PEÑA

PDV

01/05/2006

Electronic Signature of Signing Officer or Director

Date