

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002537	
Entity Name CHILDREN'S MUSICAL THEATRE, INC.	
Principal Place of Business 900 NE 12TH AVENUE SUITE 301 HALLANDALE BEACH, FL 33009	Mailing Address 700 NE 14TH AVENUE SUITE 406 HALLANDALE BEACH, FL 33009



DO NOT WRITE IN THIS SPACE

01302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0547492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FUKS, LYUDMILA
700 NE 14TH AVENUE
SUITE 406
HALLANDALE, FL 33009**

**DO NOT WRITE
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUKS, LYUDMILA 700 N.E. 14TH AVE., #406 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IVANOVA, IRINA 1461 NE 169 STREET APT. 318 NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, OLEG 821 NE 7TH STREET HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILMAN, ANDREY 1461 NE 169 STREET APT. 318 NORTH MIAMI BEACH, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YEREMEYeva, MARINA 821 NE 7TH STREET HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000218872
02/08/05-80006-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Lyudmila Fuchs - Lyudmila Fuchs 2/3/05 954/456-948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #