

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 18, 2007
Secretary of State

DOCUMENT# N97000002386

Entity Name: MAXIMUM DANCE COMPANY

Current Principal Place of Business:3000 BISCAYNE BLVD.
SUITE 102
MIAMI, FL 33137**New Principal Place of Business:****Current Mailing Address:**3000 BISCAYNE BLVD.
SUITE 102
MIAMI, FL 33137**New Mailing Address:**

FEI Number: 65-0753940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MIGDAL, ZAMMY
3000 BISCAYNE BLVD.
SUITE 102
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**

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: D () Delete
Name: MIGDAL, ZAMMY
Address: 3380 DEVON ROAD
City-St-Zip: COCONUT GROVE, FL 33133Title: D () Delete
Name: GAMONET, JIMMY
Address: 600 NE 97TH STREET
City-St-Zip: MIAMI, FL 33138Title: P () Delete
Name: SHIELDS, CAROLE
Address: 158 PROSPECT DRIVE
City-St-Zip: CORAL GABLES, FL 33133Title: T () Delete
Name: PERWIN, JEAN
Address: 25 SE SECOND AVE#1144
City-St-Zip: MIAMI, FL 33131Title: S () Delete
Name: CHAMBERLIN, ANNE
Address: 5200 NORTH COUNTRY CLUB DRIVE #2102
City-St-Zip: FT. LAUDERDALE, FL 33308**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: MIGDAL, ZAMMY
Address: 3380 DEVON ROAD
City-St-Zip: COCONUT GROVE, FL 33133Title: AD (X) Change () Addition
Name: GAMONET, JIMMY
Address: 600 NE 97TH STREET
City-St-Zip: MIAMI, FL 33138Title: D (X) Change () Addition
Name: SHIELDS, CAROLE
Address: 158 PROSPECT DRIVE
City-St-Zip: CORAL GABLES, FL 33133Title: () 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 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: DAVID OLDS

ED

10/18/2007

Electronic Signature of Signing Officer or Director_____
Date