

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006025

FILED
Jan 07, 2008
Secretary of State

Entity Name: ARTS BALLET THEATRE OF FLORIDA, INC.

Current Principal Place of Business:

2646 NE - 189 TER
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2646 NE - 189 TER
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0804935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISSAEV, RUBY
2646 NE - 189 TERRACE
AVENTURA, FL 33180 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: PD () Delete
Name: ROZENCWAIG, LESLIE
Address: 2646 NE - 189 TER
City-St-Zip: AVENTURA, FL 33180

Title: VSD () Delete
Name: FRANTZ, MARCIA
Address: 2646 NE -189 TER
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: VERNICK, RUTH
Address: 2646 NE - 189 TER
City-St-Zip: AVENTURA, FL 33180

Title: MD () Delete
Name: ISSAEV, RUBY
Address: 2646 NE 189 TERRACE
City-St-Zip: MIAMI, FL 33189

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:

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: RUBY ISSAEV

MD

01/07/2008

Electronic Signature of Signing Officer or Director

Date