

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 04, 2012
Secretary of State

DOCUMENT# N97000006025

Entity Name: ARTS BALLET THEATRE OF FLORIDA, INC.**Current Principal Place of Business:**15939 BISCAYNE BLVD.
N MIAMI BEACH, FL 33160**New Principal Place of Business:****Current Mailing Address:**15939 BISCAYNE BLVD.
N MIAMI BEACH, FL 33160**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
15939 BISCAYNE BLVD
N MIAMI BEACH, FL 33160 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
Name: ROZENCWAIG, LESLIE
Address: 15939 BISCAYNE BLVD
City-St-Zip: N MIAMI, FL 33160

Title: VSD
Name: FRANTZ, MARCIA
Address: 15939 BISCAYNE BLVD
City-St-Zip: N MIAMI, FL 33160

Title: S
Name: OLIVARES, FLOR
Address: 15939 BISCAYNE BLVD
City-St-Zip: N MIAMI BEACH, FL 33160

Title: MD
Name: ISSAEV, RUBY
Address: 15939 BISCAYNE BLVD
City-St-Zip: N MIAMI BEACH, FL 33160

Title: D
Name: VERNICK, RUTH
Address: 15939 BISCAYNE BLVD
City-St-Zip: N MIAMI BEACH, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: RUBY ISSAEV

MD

10/04/2012

Electronic Signature of Signing Officer or Director

Date