

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006544

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** BOLIVIA MAGICA BALLET FOLKLORICO CORP.

**Current Principal Place of Business:**

1900 SW 85TH COURT  
MIAMI, FL 33155

**New Principal Place of Business:**

6111 SW 159TH COURT  
MIAMI, FL 33193

**Current Mailing Address:**

1900 SW 85TH COURT  
MIAMI, FL 33155

**New Mailing Address:**

6111 SW 159TH COURT  
MIAMI, FL 33193

FEI Number: 65-0877100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GARCIA, LYDA  
1900 SW 85TH COURT  
MIAMI, FL 33155      US

**Name and Address of New Registered Agent:**

VELAZQUEZ, MARIA E  
6111 SW 159TH COURT  
MIAMI, FL 33193      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: MARIA E. VELAZQUEZ

05/02/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VELAZQUEZ, MARIA E  
Address: 5701 COLLINS AVENUE APT 1607  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SDVT ( ) Delete  
Name: GIMENEZ, BEATRIZ  
Address: 13381 SW 88TH TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: GARCIA, LYDA  
Address: 1900 SW 85 CT  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VELAZQUEZ, MARIA E  
Address: 6111 SW 159TH COURT  
City-St-Zip: MIAMI, FL 33193

Title: VPD (X) Change ( ) Addition  
Name: PEREZ, JACQUELINE M  
Address: 6838 SW 39TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: AD (X) Change ( ) Addition  
Name: VALVERDE, LUIS A  
Address: 3665 SW 16TH TERRACE  
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA E. VELAZQUEZ

PD

05/02/2005

Electronic Signature of Signing Officer or Director

Date