



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90056 006 ****61.25

DOCUMENT # N98000005042 1. Entity Name BROADWAY ZIEGFELD ENTERTAINERS, INC.					
Principal Place of Business <i>ATTN: FRITZ</i> Mailing Address <i>ATTN: FRITZ</i> 801 SOUTH FEDERAL HIGHWAY, 801 SOUTH FEDERAL HIGHWAY, PH #12 PH #12 POMPANO BEACH, FL 33062 POMPAN0 BEACH, FL 33062					
2. Principal Place of Business		3. Mailing Address		01172006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0863288	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRITZ, MARIA 801 S FEDERAL HWY PH 12 POMPANO BEACH, FL 33062				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, CONSTANCE 5901 CAMINE DEL SOL #405 BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOSEN, ALICE 2061 NE 55TH CRT FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLOPPER, ROSELLEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2641 GATLEY DR 2, #804 WEST PALM BEACH, FL 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALESTRACCI, SANDRA <input checked="" type="checkbox"/> Delete 3200 NE 36TH ST., #1510 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SONYA HART PICCIONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4541 W. BROWARD BLVD. PLANTATION, FLORIDA 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITZ, MARIA <input type="checkbox"/> Delete 801 SOUTH FEDERAL HIGHWAY PH12 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, PALMACCIO <input type="checkbox"/> Delete 6198 SEA SCAPE TERRACE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOPPER, ROSELLEN <input checked="" type="checkbox"/> Delete 2641 GATLEY DR 2, #804 WEST PALM BEACH, FL 33415 <i>changed to Vice President</i>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Sonya Hart Piccione, Sec.</i> 2-2-06 954-792-4342 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

60011621

#109800005042

Section 215.26, Florida Statutes, states in part: "Application for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administration Code and Section 215.26, Florida Statutes, or Section 496.401*, Florida Statutes, I hereby apply for a refund of money I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: **BROADWAY ZIEGFELD ENTERTAINER!**

Reference #: **CH13532**

Address: **3200 NE 36TH ST APT 1540**

FEIN OR SSN: **65-0863288**

FORT LAUDERDALE, FL 33308-0708

**4541 W. Broward Blvd.
Plantation, Florida 33317**

Amount: **\$65**

Paid Date: **11/29/2005**

Reason for Claim: **Overpayment**

Change
CERTIFIED TRUE AND CORRECT this address day of 18th Apr. 2006
(Signature) Maria Fritz, Secretary

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim:

Amount of recommended refund **\$65**

The amount requested above was originally deposited in the State treasury as a part of the funds deposited on State

Treasurer's Receipt No. _____ Date _____

NAME OF ACCOUNT: **42202321001421602000000000100**

ACCOUNT CODE

Statutory Authority for Collection: _____

It is requested that payment be made from account:

NAME OF ACCOUNT: **42202321001421602000000000100**

ACCOUNT CODE

CERTIFIED TRUE AND CORRECT this 18th of December 2005

FL DEPT OF AG & CONSUMER SERVICES

Agency

Signature of Authorized Person

Director

Title

EO-A2 42100612000 001133

DTN: 1220109 Amount: \$75.00

Deposit #: 991446 Deposit Dt: 11/30/05

Form DBF-AA-4

SN 7122