

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000467

FILED
Apr 28, 2004
Secretary of State**Entity Name:** THE DANCE OF LIFE, INC.**Current Principal Place of Business:**CATHERINE R. CONNOR
15590 SW 106TH LN #1116
MIAMI, FL 33196**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 523306
MIAMI, FL 33152 US**New Mailing Address:**P.O. BOX 960058
MIAMI, FL 33296 US**FEI Number:** 65-0890960**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CONNOR, CATHERINE R
15590 SW 106TH LN #1116
MIAMI, FL 33196 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: P () Delete
Name: CONNOR, CATHERINE R
Address: 15590 SW 106TH LN #1116
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: SANDAVOL, CARLOS
Address: 10950 S.W. 119TH STREET
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: EDDINGTON, DEBRA
Address: 311 N.W. 103RD TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: MCLEOD, SHERRA
Address: 555 N.E. 34TH ST, STE 1508
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: PHOEBE, AFI
Address: 130-29 145TH ST.
City-St-Zip: SOUTH OZONE PARK, NY 11436 US

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: CATHERINE R. CONNOR

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date