## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001539

FILED Jul 02, 2009 Secretary of State

Entity Name: CULTURAL DANCE THEATRE OF FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business:

12071 SW 117 AVE. 11560 SW 125 ST MIAMI, FL 33186 11560 SW 125 ST MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

12071 SW 117 AVE. 11560 SW 125 ST MIAMI, FL 33186 11560 SW 125 ST MIAMI, FL 33176

FEI Number: 65-0903117 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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: Name and Address of New Registered Agent:

 CARVALHO, MICHELE
 CARVALHO, MICHELE

 12071 SW 117 AVE.
 11560 SW 125 ST

 MIAMI, FL 33186 US
 MIAMI, FL 33176 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.

City-St-Zip:

MIAMI, FL 33176

SIGNATURE: 07/02/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MIAMI, FL 33158

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CARVALHO, MICHELE Name: CARVALHO, MICHELE

 Address:
 12071 SW 117 AVE
 Address:
 11560 SW 125 ST

 City-St-Zip:
 MIAMI, FL 33158
 City-St-Zip:
 MIAMI, FL 33176

 Title:
 T
 ( ) Delete
 Title:
 T
 ( X) Change ( ) Addition

 Name:
 SMITH, GREGORY
 Name:
 SMITH, GREGORY

 Address:
 12071 SW 117 AVE
 Address:
 11560 SW 125 ST

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: MICHELE CARVALHO PD 07/02/2009