

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006939**

1. Entity Name  
**MACHOL MIAMI DANCE CORP.**



Principal Place of Business  
**594 NORTHEAST 199TH TERRACE  
MIAMI, FL 33179**

Mailing Address  
**594 NORTHEAST 199TH TERRACE  
MIAMI, FL 33179**



02202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0972287**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ELIMELECH, PEGGY  
594 NE 199TH TERRACE  
MIAMI, FL 33179**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ELIMELECH, PEGGY
STREET ADDRESS	594 NORTHEAST 199TH TERRACE
CITY-STATE-ZIP	MIAMI, FL 33179
TITLE	D
NAME	SEIGER, STEVE
STREET ADDRESS	3270 MOORE CT
CITY-STATE-ZIP	WHEAT RIDGE, CO 80033
TITLE	D
NAME	ELMOR, MALKETA
STREET ADDRESS	7 HATAVOR ST UNIT 5
CITY-STATE-ZIP	RAMAT HASHARON, ISRAEL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000646214  
03/06/07-80020-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Peggy Elimelech*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Peggy Elimelech*

*2-21-07*  
Date

*305 690 4343*  
Daytime Phone #