2005 FOR PROFIT CORPORATION

changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 03, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P0000034534 08-03-2005 90062 026 ***150.00 1. Entity Name SALSA RACING DANCE STUDIOS, INC. Mailing Address Principal Place of Business PO BOX 65-0956 9521 FONTAINEBLEAU BLVD 50059625 #434 MIAMI, FL 33265 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0999866 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERRERA, HENRY Street Address (P.O. Box Number is Not Acceptable) 9521 FONTAINEBLEAU BLVD #434 MIAMI, FL 33172 City 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 Signature, typed or printed traine of registered agent and title if applicable (NOTE Registered Agent signature required when (einstalling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE Delete TITLE ☐ Change ■ Addition HERRERA, HENRY NAME NAME 9521 FONTAINEBLEAU BLVD #434 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP MIAMI, FL 33125 CITY - ST - ZIP ☐ Delete THILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP- -☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Defete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #

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Hollo 1

MY NAME is HENRY HERRERA I AM the prosident of

solso Rocing Donce studios.

I pm Never received any Bill on Document to

pay THIS FEE GOTONS.

I on Never be lote in payments I always pay

MY bill ON TIME

E spoke OH the prime with budy DUNLAP AND

HE toll ME to sound this letter and notion my

etteck for \$ 150.00. I Am Very sonry this

Happens. I am sonny bocasso my English is NOT good I Hope you can understand what I try to

I Hope you can resolve this situation if you

HOUR DAY QUESTIAN PLEASE COLL ME DI (305) 298-5562

Henry Herroro (Salso Macing Donce Studios)

hoff 08/01/05.