


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90059 030 \*\*\*150.00

<b>DOCUMENT # P00000039994</b> 1. Entity Name <b>CHEER AND DANCE COMETS, INC.</b>					
Principal Place of Business <b>6958 SW 47TH ST. MIAMI, FL 33155</b>			Mailing Address <b>6907 SW 115TH PLACE APT C MIAMI, FL 33173</b>		
2. Principal Place of Business <b>7031 SW 47th ST</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-1001716</b>	
Zip <b>33155</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GALVAN, ANA 6958 SW 47TH ST. MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7031 SW 47th ST</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33155</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALVAN, ANA 6958 SW 47TH ST. MIAMI, FL 33155	<input type="checkbox"/> Delete			
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>ANA GALVAN</b> <b>3-15-05 (786)290-3651</b>					