

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90017 035 ***150.00

DOCUMENT # P00000068491

1. Entity Name

BRIDGETTE'S SCHOOL OF DANCE, INC.



Principal Place of Business

6285 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

Mailing Address

1562 NW 84TH DRIVE
CORAL SPRINGS, FL 33071



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1025093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTILLO, JOSE
1562 NW 84TH DRIVE
CORAL SPRINGS, FL 33071

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASTILLO, BRIDGETTE
STREET ADDRESS 1562 NW 84TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE PD
NAME CASTILLO, JOSE
STREET ADDRESS 1562 NW 84TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33071

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CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/07

854-35-0606