


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90001 019 ***150.00

DOCUMENT # P00000071380			
1. Entity Name DANCE ARTISTS ENTERPRISES, INC.			
Principal Place of Business 2930 MYRTLE OAK CIRCLE DAVIE, FL 33328-6737		Mailing Address 2930 MYRTLE OAK CIRCLE DAVIE, FL 33328-6737	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1035467		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75*Additional Fee Required	
6. Name and Address of Current Registered Agent GARDELLA, TONI ANN 2930 MYRTLE OAK CIRCLE DAVIE, FL 33328-6737		7. Name and Address of New Registered Agent Name: <u>FRANCOIS SZONY</u> Street Address (P.O. Box Number is Not Acceptable): <u>2930 Myrtle Oak Circle</u> City: <u>DAVIE</u> FL Zip Code: <u>33328</u>	
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: <u>X FRANCOIS SZONY</u>		DATE: <u>July 29-2004</u>	
<p>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> <p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDELLA, TONI ANN 2930 MYRTLE OAK CIRCLE DAVIE, FL 333286737 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>0</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZONY, FRANCOIS 2930 MYRTLE OAK CIRCLE DAVIE, FL 333286737 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PO</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>X FRANCOIS SZONY</u>		Date: <u>7-29-2004</u> Daytime Phone #: <u>954-444-0452</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

54067632



07292004 Chg-P CR2E034 (10/03)