

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000074072

1. Entity Name
"THE DANCEWEAR GALLERY, INC."



Principal Place of Business
845 N E 125TH STREET
NORTH MIAMI, FL 33161

Mailing Address
845 N E 125TH STREET
NORTH MIAMI, FL 33161



02072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1031582

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VASQUEZ, CARLOS A
845 N E 125TH STREET
NORTH MIAMI, FL 33161

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000099285
03/30/04-80008-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OSBORNE-VASQUEZ, PAULA
STREET ADDRESS 845 N E 125TH STREET
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE STD
NAME VASQUEZ, CARLOS A
STREET ADDRESS 845 N E 125TH STREET
CITY-ST-ZIP NORTH MIAMI, FL 33161

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IN THIS SPACE**

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 it 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

Carlos A Vasquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24/04 305 892 9961
Date Daytime Phone #