

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90219 002 ***150.00

DOCUMENT # P02000065751

1. Entity Name
ALWAYS DANCING INC.



Principal Place of Business

14270 S W 14TH ST
MIAMI, FL 33184

Mailing Address

14270 S W 14TH ST
MIAMI, FL 33184

94061996



03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4499324

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRIKER, SHAKIRA
14270 S W 14TH ST
MIAMI, FL 33184

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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)

4/20/04
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

10. OFFICERS AND DIRECTORS

TITLE P
NAME STRIKER, SHAKIRA
STREET ADDRESS 14270 S W 14TH ST
CITY-ST-ZIP MIAMI, FL 33184

TITLE V
NAME STRIKER, VIELKA
STREET ADDRESS 14270 S W 14TH ST
CITY-ST-ZIP MIAMI, FL 33184

TITLE T
NAME STRIKER, LUIS R JR.
STREET ADDRESS 14270 S W 14TH ST
CITY-ST-ZIP MIAMI, FL 33184

TITLE S
NAME STRIKER, LISSETTE
STREET ADDRESS 14270 S W 14TH ST
CITY-ST-ZIP MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

Daytime Phone #