

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

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**



03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4499324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STRIKER, LISSETTE
14270 S W 14TH ST
MIAMI, FL 33184**

**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

Lisette Striker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/07

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

TITLE	VP
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	

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:

Lisette Striker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

Daytime Phone #

000000667800
03/27/07-80004-017 158.75

**DO NOT WRITE
IN THIS SPACE**