

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000019995

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** GALMONT BALLET CENTRE FOR DANCE EDUCATION, INC.

**Current Principal Place of Business:**

5575 SCHENCK AVE  
SUITE 11  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

5575 SCHENCK AVE  
SUITE 11  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 30-0169496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUTIERREZ-GALVEZ, FRANK  
341 TUSCANY WAY  
106  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDM  
Name: GUTIERREZ-MONTERO, LUCIA  
Address: 341 TUSCANY WAY 106  
City-St-Zip: MELBOURNE, FL 32940

Title: VDM  
Name: GUTIERREZ-GALVEZ, FRANK  
Address: 341 TUSCANY WAY 106  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK GUTIERREZ-GALVEZ

VDM

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date