


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90507 030 ***150.00

DOCUMENT # P03000067371 1. Entity Name RBA DANCE CENTER INC.																													
Principal Place of Business 12701 SOUTH JOHN YOUNG PARKWAY SUITE 202 ORLANDO, FL 32837			Mailing Address 12701 SOUTH JOHN YOUNG PARKWAY SUITE 202 ORLANDO, FL 32837																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
6. Name and Address of Current Registered Agent DUCKER, AUBREY H JR 2020 MIZELL AVENUE WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZHU, PAULINA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11084 LEDGEMENT LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINDERMERE, FL 34786</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Secretary</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Rudar, Michele</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11829 Minwood Ct.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orlando, FL 32837</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	ZHU, PAULINA		STREET ADDRESS	11084 LEDGEMENT LANE		CITY-ST-ZIP	WINDERMERE, FL 34786		TITLE	Secretary	<input type="checkbox"/> Delete	NAME	Rudar, Michele		STREET ADDRESS	11829 Minwood Ct.		CITY-ST-ZIP	Orlando, FL 32837	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4-28-05 Daytime Phone #: 407-51-4454																									