

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90032 049 ***158.75

DOCUMENT # P03000081506					
1. Entity Name MALO DANCE PRODUCTIONS INC.					
Principal Place of Business 3501 NW 115TH AVE MIAMI, FL 33178 US			Mailing Address 3501 NW 115TH AVE MIAMI, FL 33178 US		
2. Principal Place of Business 11355 NW 34 St.		3. Mailing Address 11355 NW 34 St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Doral, FL		City & State Doral, FL		4. FEI Number 30-0197221	
Zip 33178		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, MANUEL E 19245 SW 41 STREET MIRAMAR, FL 33029			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CASTRO, MANUEL E		<input type="checkbox"/> Delete		
STREET ADDRESS 19245 SW 41 STREET	CITY-ST-ZIP MIRAMAR, FL 33029		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SECR	NAME CASTRO, LORY L		<input type="checkbox"/> Delete		
STREET ADDRESS 19245 SW 41 STREET	CITY-ST-ZIP MIRAMAR, FL 33029		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			7/24/06 954-437-9708		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		