

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000104779

1. Entity Name
ATLANTIC DANCE ACADEMY, INC.



**FILED
Feb 28, 2005 8:00 am
Secretary of State**

02-28-2005 90239 027 ***150.00

50020824

Principal Place of Business
3515 GALT OCEAN DRIVE
2 FLOOR
FT. LAUDERDALE, FL 33308

Mailing Address
3515 GALT OCEAN DRIVE
2 FLOOR
FT. LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0248027	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVGAMUKOVA, NATALIA
3515 GALT OCEAN DRIVE
2 FLOOR
FT. LAUDERDALE, FL 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005, Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME EVGAMUKOVA, NATALIA
STREET ADDRESS 3515 GALT OCEAN DRIVE 2 FLOOR
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Evgamukova *Evgamukova*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.23.05

Date

(931) 630-8008

Document ID: