2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000104779

1. Entity Name
ATLANTIC DANCE ACADEMY, INC.

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

DO NOT WRITE IN THIS SPACE

03222008   No Chg-P   CR2E034 (11/05)

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

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

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000877780
04/14/08-80028-007 150.00

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE

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: _Evgamukova_   03.31.08   (954)630-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #