

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 OCT -1 PM 3: 52 **DOCUMENT # P03000105514** 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA INTERNATIONAL BALLET OF ANIBAL DIAZ, INC. Principal Place of Business Mailing Address **1960 NW 4 STREET 1960 NW 4 STREET** MIAMI, FL 33125 MIAMI, FL 33125 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 08312004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 90-0111 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, ANIBAL Street Address (P.O. Box Number is Not Acceptable) 1960 NW 4 STREET MIAMI, FL 33125 City Zip Code 8. The above named entity subry 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 SIGNATURE Synasore (Inc. ne of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE □ Delete TITLE ☐ Change ☐ Addition DIAZ, ANIBAL NAME HAME STREET ADDRESS 1960 NW 4 STREET STREET ADDRESS MIAMI, FL 33125 CITY-ST-7IP CITY-ST-ZIP Detete Addition TITLE TITLE Change DIAZ, MARIA C MAME NAME STREET ADDRESS **1960 NW 4 STREET** STREET ADDRESS MIAMI, FL 33125 CITY-ST-ZIP CITY-ST-7/P πιε Delete-TILE. ☐ Change Addrion HAME HARAE STORET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -Fifte 🗀 berera ·IIIic Change - Addition NAME HALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition nne ☐ Deleta TITLE ☐ Change HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-7IP Delete ☐ Change Addition TITLE TITLE NAME HAME STREET ADDRESS STREET ADORESS CITY-ST-77P CITY-ST-ZIP 12. Thereby 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 chord as if made under oath; that I am an officer or director of the corporation or the receiver or to file 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 all advices, with all other like empowered. SIGNATURE: DAYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytene Phone

9/9/2004-90@15-055\$\$\$\$550.00-\$550.00