

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 039 ***150.00

DOCUMENT # P05000119161

1. Entity Name
PEACHES SCHOOL OF DANCE II, INC.



Principal Place of Business
2018 NE 155TH STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
2018 NE 155TH STREET
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212007

Chg-P

CR2E034 (12/06)

4. FEI Number

11-3758033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASUCCI, RENEE J
1256 NE 92ND STREET
MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent

Name **LESLIE JARVIS - GETTIS**

Street Address (P.O. Box Number is Not Acceptable)

2018 NE 155TH ST

City **N. MIAMI BEACH, FL**

Zip Code **33162**

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 *Leslie Jarvis - Gettis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LESLIE JARVIS - GETTIS
3/16/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JARVIS-GETTIS, LESLIE ☐ Delete
STREET ADDRESS 2018 NE 155TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE VTSD
NAME MASUCCI, RENEE ☒ Delete
STREET ADDRESS 2018 NE 155TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 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 *Leslie Jarvis - Gettis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07
Date

205
940-3248
Daytime Phone #