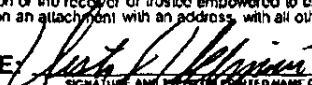


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-09-2007 90097 037 ***150.00

DOCUMENT # P06000004987			
1. Entity Name BI JOUX DANCE SUPPLY, INC			
Principal Place of Business 4150 SW 70TH COURT MIAMI FL 33155 US		Mailing Address 1324 W. 72ND ST HIALEAH FL 33014 US	
2. Principal Place of Business - No P.O. Box # 4150 S.W. 70th Court		3. Mailing Address 4150 S.W. 70th Court	
Suite, Apt. #, etc. MIAMI Florida		Suite, Apt. #, etc. N/A	
City & State MIAMI Florida		City & State MIAMI Florida	
Zip 33155	Country USA	Zip 33155	Country USA
4. Filing Number 204070720		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ULLIVARRI, NESTOR J MR 1324 W. 72ND ST HIALEAH FL 33014		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's signature is required when requested by)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10.1 NAME STREET ADDRESS CITY - ST - ZIP	P ULLIVARRI, NESTOR J MR 1324 W. 72ND ST HIALEAH FL 33014 ☐ Delete	11.1 NAME STREET ADDRESS CITY - ST - ZIP	President ☐ Change ☒ Addition
10.2 NAME STREET ADDRESS CITY - ST - ZIP	Rawls, June C. Mrs. 441 SW 68 Ave. Miami, FL 33144 ☐ Delete	11.2 NAME STREET ADDRESS CITY - ST - ZIP	Vice President ☐ Change ☒ Addition
10.3 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11.3 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
10.4 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11.4 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
10.5 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11.5 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
10.6 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11.6 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 Section 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 807, 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 		(305) 667-5359	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	