

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010448

Entity Name: FANTASY BALLROOM, INC.

FILED
Sep 01, 2009
Secretary of State

Current Principal Place of Business:

2900 W 12TH AVE
HIALEAH, FL 33012 US

Current Mailing Address:

2900 W 12TH AVE
HIALEAH, FL 33012 US

New Principal Place of Business:

2900 W 12TH AVE
SUITE #23
HIALEAH, FL 33012 US

New Mailing Address:

2900 W 12TH AVE
SUITE #23
HIALEAH, FL 33012 US

FEI Number: 20-8315953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLLEDA, MARINA
2900 W 12TH AVE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

FERNANDEZ, LUZ M OWNER
2900 W 12TH AVE
SUITE #23
HIALEAH, FL 33012 US

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.

SIGNATURE: LUZ M FERNANDEZ

09/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOLLEDA, MARINA
Address: 2900 W 12TH AVE
City-St-Zip: MIAMI, FL 33012 US

Title: VP () Delete
Name: MOLLEDA, HECTOR
Address: 2900 W 12TH AVE
City-St-Zip: MIAMI, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERNANDEZ, LUZ M OWNER
Address: 2900 W 12TH AVE
City-St-Zip: MIAMI, FL 33012 US

Title: VP (X) Change () Addition
Name: FERNANDEZ, DARIO OWNER
Address: 2900 W 12TH AVE
City-St-Zip: MIAMI, FL 33012 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ M FERNANDEZ

PD

09/01/2009

Electronic Signature of Signing Officer or Director

Date