

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092535

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** DANCESPORT OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

1760 NORTH JOG RD, STE 160  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

1760 NORTH JOG RD, STE 160  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 90-0424737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATHRYN M. BEAMER, P.A.  
11811 US HIGHWAY ONE  
102  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FINKEL, ESTELLE  
**Address:** 6835 MILANI STREET  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** VP  
**Name:** KATHRYN, BEAMER  
**Address:** 11811 US HIGHWAY ONE SUITE 102  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US

**Title:** SEC  
**Name:** FINKEL, ESTELLE  
**Address:** 6835 MILANI ST  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** TRES  
**Name:** KATHRYN, BEAMER  
**Address:** 11811 US HIGHWAY ONE SUITE 102  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US

I hereby 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 all other like empowered.

**SIGNATURE:** KATHRYN M. BEAMER

RA

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date