


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P92000006692</b><br>1. Entity Name<br><b>PATRICIA PENENORI DANCE CENTER INC.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>1740 TIGERTAIL AVENUE<br/>COCONUT GROVE FL 33133</b> | Mailing Address<br><b>1740 TIGERTAIL AVENUE<br/>COCONUT GROVE FL 33133</b> |
|--|--|



|  |                     |   |
|--|---------------------|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  | 4. FEI Number<br><b>65-0370263</b>  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                 |
| City & State                                   | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |

1st MOORE CR2E034 (10/07)

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>PENENORI, PATRICIA<br/>1740 TIGERTAIL AVE.<br/>COCONUT GROVE FL 33133</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|---|

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 \_\_\_\_\_ DATE \_\_\_\_\_

\* Insert name, title or printed name of registered agent and title. If applicable. (NOTE: Registered Agent Signature required when re-registering.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 |   |
|--|--|---|---|
| TITLE<br><b>D</b>                            | NAME<br><b>PENENORI, PATRICIA</b>            | TITLE<br><b>U00000811489</b>                          | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>1740 TIGERTAIL AVE</b>  | CITY-ST-ZIP<br><b>COCONUT GROVE FL</b>       | STREET ADDRESS<br><b>02/12/08-80007-015</b>           | <b>150.00</b>   |
| CITY-ST-ZIP<br><b>COCONUT GROVE FL</b>       | <input type="checkbox"/> Delete              | TITLE<br><b>D</b>                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME<br><b>DELGADO, LOREN</b>                | STREET ADDRESS<br><b>1740 TIGERTAIL AVE</b>  | STREET ADDRESS<br><b>COCONUT GROVE FL</b>             | <input type="checkbox"/> Delete   |
| CITY-ST-ZIP<br><b>COCONUT GROVE FL</b>       | <input type="checkbox"/> Delete              | TITLE<br><b>VP</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME<br><b>LEON, ALEXANDER</b>               | STREET ADDRESS<br><b>151 HUNTINGLOGE DR.</b> | STREET ADDRESS<br><b>MIAMI SPRINGS FL 33166</b>       | <input type="checkbox"/> Delete   |
| CITY-ST-ZIP<br><b>MIAMI SPRINGS FL 33166</b> | <input type="checkbox"/> Delete              | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME<br><b></b>                              | STREET ADDRESS<br><b></b>                    | STREET ADDRESS<br><b></b>                             | <input type="checkbox"/> Delete   |
| CITY-ST-ZIP<br><b></b>                       | <input type="checkbox"/> Delete              | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME<br><b></b>                              | STREET ADDRESS<br><b></b>                    | STREET ADDRESS<br><b></b>                             | <input type="checkbox"/> Delete   |
| CITY-ST-ZIP<br><b></b>                       | <input type="checkbox"/> Delete              | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME<br><b></b>                              | STREET ADDRESS<br><b></b>                    | STREET ADDRESS<br><b></b>                             | <input type="checkbox"/> Delete   |
| CITY-ST-ZIP<br><b></b>                       | <input type="checkbox"/> Delete              | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **LOREN DELGADO** 2-6-08 305-854-3125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR