


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P93000018451 1. Entity Name ESTUDIO DE DANZAS PATRICIA PORRAS, INC. |  |
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| Principal Place of Business 10471 N. KENDALL DR. THE PAVILLONS OF KENDALL, #B-103 MIAMI, FL 33176 | Mailing Address 12205 S.W. 71 COURT MIAMI, FL 33156 |
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01032005 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 65-0394625 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CABRERA, CARLOS A 12205 SW 71 CT. MIAMI, FL 33156 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CABRERA, PATRICIA P 12205 SW 71 CT MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CABRERA, CARLOS A 12205 SW 71 CT MIAMI, FL 33156 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 reporter 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:  **CARLOS A. CABRERA** **02/10/05** **305-665-7990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #