

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90036 019 \*\*\*150.00

**DOCUMENT # P94000083964**

1. Entity Name

L'ECOLE DE BALLET ARTS STUDIO, INC.



Principal Place of Business

970 SW 82ND AVENUE  
MIAMI FL 33144  
US

Mailing Address

2154 SW 99TH AVE  
MIAMI FL 33165

2. Principal Place of Business

2154 S.W. 99th Ave  
Suite, Apt. #, etc.  
Miami, Florida  
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33165

Country

US

Zip

Country

4. FEI Number

65-0537263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPCO INC  
2699 S BAYSHORE DR  
7TH FLOOR  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **DIGON & DIGON P.L.L.C.**

Street Address (P.O. Box Number is Not Acceptable)

1150 N.W. 72nd Ave

Miami

Suite 500

City

FL

Zip Code

33124

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]*

Juan-Carlos Dison

2/20/06

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, 2006 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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DIGON, VIVIAN G  
CITY-ST-ZIP 2154 SW 99TH AVE  
MIAMI FL

TITLE ☐ Delete  
NAME S  
STREET ADDRESS DIGON, FRANCISOC J  
CITY-ST-ZIP 2154 SW 99TH AVE  
MIAMI FL

TITLE ☐ Delete  
NAME DIGON, JUAN C  
STREET ADDRESS 2154 SW 99TH AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DIGON, BENIGNO J III  
CITY-ST-ZIP 2154 SW 99TH AVE  
MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]* Vivian G. Dison President 2/20/06 (305) 733-0108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #