2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000033471

1. Entity Name
SOUTH BEACH DANCE ACADEMY INC.

Principal Place of Business	Mailing Address
224 S. BEACH STREET UNIT E DAYTONA BEACH, FL 32114	224 S. BEACH STREET UNIT E DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

03112004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3373449	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEVITO, JEROME
2914 S. PENINSULA
DAYTONA BEACH, FL 32118

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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, 2004 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000150580
05/04/04-80011-022 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PV	
NAME	DEVITO, JEROME	
STREET ADDRESS	2914 S. PENINSULA	
CITY-ST-ZIP	DAYTONA BCH, FL 32118	
TITLE	ST	
NAME	MAHONEY, MATTHEW	
STREET ADDRESS	2914 S. PENINSULA	
CITY-ST-ZIP	DAYTONA BCH, FL 32118	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 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: _____   4-29-04   386.254.2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #