


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000033471
 1. Entity Name
 SOUTH BEACH DANCE ACADEMY INC.



Principal Place of Business 224 S. BEACH STREET UNIT E DAYTONA BEACH, FL 32114	Mailing Address 224 S. BEACH STREET UNIT E DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3373449 Applied For
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	PV DEVITO, JEROME 2914 S. PENINSULA DAYTONA BCH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAHONEY, MATTHEW 2914 S. PENINSULA DAYTONA BCH, FL 32118
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerome Devito 4/7/05 386-254-200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #