

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90030 001 \*\*\*550.00  
08-01-2005 90030 002 \*\*\*\*\*8.75

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| DOCUMENT # P97000002891                           |  |
| 1. Entity Name<br>AMERICAN BALLROOM COMPANY, INC. |  |



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| Principal Place of Business<br>1077 PONCE DE LEON BLVD<br>CORAL GABLES, FL 33134 | Mailing Address<br>1077 PONCE DE LEON BLVD<br>CORAL GABLES, FL 33134 |
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| 2. Principal Place of Business<br>49 SANTA CRUZ<br>Suite, Apt. #, etc. | 3. Mailing Address<br>P.O. Box 4507<br>Suite, Apt. #, etc. |
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| City & State<br>ROLLING HILLS EST., CA<br>Zip 90274 Country USA | City & State<br>PALOS VERDES PINES, CA<br>Zip 90274 Country USA |
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07262005 Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>06-8710414 | Applied For<br>Not Applicable |
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| 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<br>KIMMINS, JOHN<br>1077 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33134 |  |
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| 7. Name and Address of New Registered Agent<br>Name CHIANG, MARTIN<br>Street Address (P.O. Box Number is Not Acceptable)<br>C/O BRUND COLLINS, 11 YACHT CLUB DR.<br>City FORT WALTON BEACH FL Zip Code 32548 |  |
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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.<br>SIGNATURE <u>Martin Chiang, MARTIN CHIANG, CEO</u> DATE <u>7/26/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |  |
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| FILE NOW!!! FEE IS \$550.00<br>Due by September 7, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHIANG, JANE<br>49 SANTA CRUZ<br>ROLLING HILLS, CA 90274 <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>ROTHWEILER, JACK<br>10 BLISS RD<br>LONGMEADOW, MA 01106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEE, JOSIE<br>361 N SALTAIR AVE<br>LOS ANGELES, CA 90049 <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>BRUND COLLINS, BRUND<br>11 YACHT CLUB RD<br>FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | COBD<br>MASTERS, PHILIP<br>13 OLD MILL DR<br>VOORHEES, NJ 08043 <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>MASTERS, MASON<br>30435 VIA VICTORIA<br>RANCHO PALOS VERDES, CA 90275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>ENG, WAYNE<br>8933 W SAHARA AVE<br>LAS VEGAS, NV 89117 <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>BULGER, VINCENT<br>457 BLOOMFIELD AVE<br>VERONA, NJ 07044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>CHIANG, MARTIN<br>49 SANTA CRUZ<br>ROLLINGS HILLS EST, CA 90274 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | COB, CEO, D<br>CHIANG, MARTIN<br>49 SANTA CRUZ<br>ROLLING HILLS EST, CA 90274 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>THEISS, GEORGE B<br>600 BILTMORE WAT APT 3PH 110<br>CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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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.<br>SIGNATURE: <u>Martin Chiang, MARTIN CHIANG, CEO</u> Date <u>7/26/05</u> Daytime Phone # <u>310-3771847</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |  |
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