

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

09-09-2004 90006 049 \*\*\*150.00  
P98000001300

DOCUMENT # P98000001300

1. Entity Name

PROFESSIONAL DANCERS ASSOCIATION, INC.



FILED

04 SEP 17 PM 3: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business Mailing Address  
17150 COLLINS AVE., STE. 105-158 17150 COLLINS AVE., STE. 105-158  
SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0704220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANLEY, SHERMAN  
2501 S. OCEAN DR. APT #535  
HOLLYWOOD FL 33019

Name

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

City

FL

Zip Code

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**  
**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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P  
SHERMAN, STANLEY  
2501 S. OCEAN DR. APT 535  
HOLLYWOOD FL 33019

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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: Stanley Sherman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 5, 2004  
Date

786-683-4363  
Daytime Phone #

Attachment

54072152

Sept 1, 2004

#002000045947

Dear Sir,

I am very sorry that my payment wasn't on time. My health has not been good. I have diabetes, and take alot of medicine every day. I am also recovering from a stroke which had me very confused, and is improving a little bit. Thank you for your consideration

Yours Truly,

Stanley Sherman