2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S70401

1. Entity Name

WONDERFUL WORLD OF DANCING, INC.



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

543 NORTH STATE ROAD 7

101

ROYAL PALM BEACH, FL 33411

Mailing Address

543 NORTH STATE ROAD 7

101

DO NOT WRITE IN THIS SPACE

ROYAL PALM BEACH, FL 33411



04022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0278163

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

VAZQUEZ, HERIBERTO P. 543 NORTH STATE ROAD 7 101

DO NOT WRITE IN THIS SPACE

ROYAL PALM BEACH, FL 33411			IN THIS SPACE		
	named entity submits this statement for the policins of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title #	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZQUEZ, HERIBERTO P. 12445 OLD COUNTRY ROAD WELLINGTON, FL 33414				Haasaaaa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAZQUEZ, MARGARET E. 12445 OLD COUNTRY ROAD WELLINGTON, FL 33414				.000000704209 04/23/07-80002-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					,

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Heiletto J. Toz grez o

HERBERTO P. VAZQUEZ DR.

4/6/07 561-514-1822