

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009234

**Entity Name:** MOSAIC DANCE PROJECT INC**Current Principal Place of Business:**11115 SW 119 STREET  
MIAMI, FL 33176**Current Mailing Address:**11115 SW 119 STREET  
MIAMI, FL 33176 US**FEI Number:** 45-4463312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALVAREZ, AMANDA T  
11115 SW 119 STREET  
MIAMI, FL 33176 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | HERNANDEZ, MARIANA  |
| Address         | 11115 SW 119 STREET |
| City-State-Zip: | MIAMI FL 33176      |

|                 |                     |
|-----------------|---------------------|
| Title           | DP                  |
| Name            | ALVAREZ, AMANDA T   |
| Address         | 11115 SW 119 STREET |
| City-State-Zip: | MIAMI FL 33176      |

|                 |                     |
|-----------------|---------------------|
| Title           | DS                  |
| Name            | SANCHEZ, JEANINE    |
| Address         | 11115 SW 119 STREET |
| City-State-Zip: | MIAMI FL 33176      |

|                 |                     |
|-----------------|---------------------|
| Title           | DT                  |
| Name            | ALVAREZ, SUE        |
| Address         | 11115 SW 119 STREET |
| City-State-Zip: | MIAMI FL 33176      |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | SICKLES, BARRY      |
| Address         | 11115 SW 119 STREET |
| City-State-Zip: | MIAMI FL 33176      |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | LANDY, LISA         |
| Address         | 11115 SW 119 STREET |
| City-State-Zip: | MIAMI FL 33176      |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | VISIEDO, MICHELLE   |
| Address         | 11115 SW 119 STREET |
| City-State-Zip: | MIAMI FL 33176      |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUE ALVAREZ

DP

03/28/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date