


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90008 012 ***150.00

DOCUMENT # P94000086567

1. Entity Name
JILL MALLORY STUDIO OF DANCE, INC.



Principal Place of Business
 12199 S DIXIE HWY
 MIAMI, FL 33156 US

Mailing Address
 8301 SW 61 AVE.
 S MIAMI, FL 33143 US

54005990

2. Principal Place of Business
9120 NE 40 COURT RD
HIGH SPRINGS, FL
31643 US

3. Mailing Address
9120 NE 40 COURT RD
HIGH SPRINGS, FL
31643 US



01132004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0545962

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CUNNINGHAM, PAULA
8301 SW 61 AVE.
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name
 Street A
 City

CUNNINGHAM, PAULA
9120 NE 40 COURT RD
HIGH SPRINGS FL 31643

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, PAULA 8301 SW 61 AVE. MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, PAULA 9120 NE 40 COURT RD HIGH SPRINGS, FL 31643 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TISHENOR, RUTH 8301 SW 61 AVE MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: *Paula Cunningham* *02/10/04* *386-454-2228*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #