

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000908



1. Entity Name
ACADEMY OF MARTIAL ARTS FOUNDATION, INC.

Principal Place of Business Mailing Address
328 CRANDON BLVD. C/O MITCHELL A. SILVER & CO
SUITE 206 P.O. BOX 223592
KEY BISCAIYNE FL 33149 HOLLYWOOD FL 33022-3592



1st MOORE CR2E037 (10/04)

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 **65-0982821** 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

DUZOGLOU, ROBERT
328 CRANDON BLVD.
SUITE 206
KEY BISCAIYNE FL 33149

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 _____ [NOTE: Registered Agent signature required when reinstating] _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUZOGLOU, ROBERT	NAME	U00000222988
STREET ADDRESS	328 CRANDON BLVD. SUITE 206	STREET ADDRESS	02/10/05-80026-016 150.00
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUZOGLOU, LORI	NAME	
STREET ADDRESS	328 CRANDON BLVD. SUITE 206	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUZOGLOW, DEREK	NAME	
STREET ADDRESS	328 CRANDON BLVD SUITE 206	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: *Robert Duzoglou*

2/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #