

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91254 011 ***150.00

DOCUMENT # P02000064502					
1. Entity Name CHULA MARTIAL ARTS, INC.					
Principal Place of Business 609 GALLERY DRIVE #4 WINTER PARK, FL 32792			Mailing Address P.O. BOX 16952 JACKSONVILLE, FL 32245-6952		
2. Principal Place of Business		3. Mailing Address 609 Gallery Dr. #4			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State Winter Park FL			
Zip		Country		Zip 32792	
Country		Country			
6. Name and Address of Current Registered Agent NERY, LEONARD F 609 GALLERY DRIVE #4 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers 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 _____					
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 III 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PVST NERY, LEONARD F 609 GALLERY DRIVE #4 WINTER PARK, FL 32792		☐ Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I 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 or without a new address.					
SIGNATURE: _____			04-29-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					