

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000038356**

1. Entity Name  
**AMERICAN INSTITUTE OF MARTIAL ARTS FAMILY KARATE CENTER INC.**



Principal Place of Business <b>6841 SR 54          NEW PORT RICHEY, FL 34653</b>	Mailing Address <b>6841 SR 54          NEW PORT RICHEY, FL 34653</b>
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**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3332769</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ALBENZE, MIKE  
 7116 STONE ROAD  
 34668  
 PORT RICHEY, FL FL**

**DO NOT WRITE IN THIS SPACE**

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBENZE, MIKE 6841 SR 54 NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBENZE, TRACHELE 6841 SR 54 NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000138667  
 04/29/04-80090-004 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *Trachele Albenze* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4-9-04 Daytime Phone #: 707-372-0500