2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

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DOCUMENT # P02000045553 1. Entity Name FALBO'S FAMILY KARATE, INC					0044 001 ***150.0	00	
Principal Plac	e of Business	Mailing Address					
2558 GH F F	BREEZE PKWY., UNIT B	308 VIA DELUNA DRIVE					
GULF BREEZ		PENSACOLA BEACH, FL 3	2561	ì			
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3 Principal P	tace of Business - No P.O. Box #	3. Mailing Address					
2. Principal P	Gulf breez Ph		F Breeze	- Pilm 1111111111	I COMB IISII DOM COM CI	INI BUNA HARI BARI CHE CURA	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01152008	Chg-P	CR2E034 (12/06)	
City & Stat	F BALLZE EL	City & State GUIF BALL	e FC	4. FEI Numb		 	oplied For ot Applicable
Zip	Country	Zip	Country			\$8.75 Ad	
<u> </u>	031	32563			of Status Desired	Fee Require	
	6. Name and Address of Current R	legistered Agent		7. Name and	Address of New	Registered Agent	
FALBO, JAMES A 308 VIA DELUNA DRIVE PENSACOLA BEACH, FL 32561			Name				
			Street Add	dress (P.O. Box Numb	er is Not Acceptab	le)	
LINOAGO	DEN BERON, I'E 02001						
			City		·····	FL Zip Coo	le
	named entity submits this statement for ions of registered agent.	the purpose of changing its rec	gistered office or re	egistered agent, or bo	oth, in the State of F	lorida. I am familiar with	and accept
are obligat	iona di ragiotora agorit.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOWILL FEE IS \$150.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be		` :	
Atter Ma	ay 1, 2008 Fee will be \$550.0			Added to Fooe			
		Trast i dila adrigitat	ution.	Added to Fees	!		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 life impowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daysone Prope 8