

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23375

**Entity Name:** HIALEAH SCHOOL OF SELF DEFENSE & GYM, INC.

**FILED**  
**Mar 03, 2014**  
**Secretary of State**  
**CC6489758789**

**Current Principal Place of Business:**

555 EAST 25TH ST  
SUITE 214  
HIALEAH, FL 33013

**Current Mailing Address:**

555 EAST 25TH ST  
SUITE 214  
HIALEAH, FL 33013

**FEI Number: 59-2065456**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

REYES, MANUEL SR  
555 EAST 25TH ST  
SUIITE 214  
HIALEAH, FL 33013 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name REYES, MANUEL DP  
Address 555 EAST 25TH ST., SUITE 214  
City-State-Zip: HIALEAH FL 33013

Title DTS  
Name REYES, VIVIANA DTS  
Address 555 EAST 25TH ST., SUITE 214  
City-State-Zip: HIALEAH FL 33013

Title M  
Name REYES, MILAGROS  
Address 555 E 25TH ST SUITE 214  
City-State-Zip: HIALEAH FL 33013

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MANUEL REYES**

**PRESIDENT**

**03/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date