

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000100053

**Entity Name:** MARTIAL ARTS AND AFTER SCHOOL CENTER CORP

**Current Principal Place of Business:**

465 A HIALEAH DRIVE  
HIALEAH, FL 33010

**Current Mailing Address:**

465 A HIALEAH DRIVE  
HIALEAH, FL 33010 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MORALES, LEIDYS  
465 A HIALEAH DRIVE  
HIALEAH, FL 33010 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	P	Title	VP
Name	MORALES, LEIDYS	Name	SORI, YOELVIS
Address	465 A HIALEAH DRIVE	Address	465 A HIALEAH DRIVE
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010

*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:** LEIDYS MORALES

**PRESIDENT**

**04/18/2013**

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

\_\_\_\_\_  
Date