

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # 759447**

1. Entity Name

**NATIONAL SPORT JUDO AND NATIONAL JUDO  
TRAINING CENTER, INC.**



Principal Place of Business

**14621 S.W. 24TH STREET  
DAVIE FL 33325**

Mailing Address

**P.O. BOX 16772  
PLANTATION FL 33318**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 550-464**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL.**

Zip

Country

Zip

**33355**

Country

**USA**

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**A**

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COBB, MIKE  
14621 S.W. 24TH STREET  
DAVIE FL 33325**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COBB, MIKE	
STREET ADDRESS	14621 S.W. 24TH STREET	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, LES	
STREET ADDRESS	8270 NW 40TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, BUDDY	
STREET ADDRESS	17653 BRITTANY LN.	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92647	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBB, CAROL	
STREET ADDRESS	14621 SW 24TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUILAR, JAMIE	
STREET ADDRESS	P.O. BOX 16772	
CITY-ST-ZIP	PLATATION FL 33318	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUILAR, ANDY	
STREET ADDRESS	110 5TH AVENUE	
CITY-ST-ZIP	CHULA VISTA CA 91910	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becky Genereux	
STREET ADDRESS	1155 SW 120 way	
CITY-ST-ZIP	Davie, FL. 33325	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon Genereux	
STREET ADDRESS	1155 SW 120 way	
CITY-ST-ZIP	Davie, FL. 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:** *Mike Cobb* **Signature and Typed or Printed Name of Signing Officer or Director**

**3-13-05 954 473-9679**

Date

Daytime Phone #