


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 759447</b>	
1. Entity Name <b>NATIONAL SPORT JUDO AND NATIONAL JUDO TRAINING CENTER, INC.</b>	

Principal Place of Business <b>14621 S.W. 24TH STREET DAVIE, FL 33325</b>	Mailing Address <b>P.O. BOX 550-464 FORT LAUDERDALE, FL 33355</b>
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01112006 No Chg-NP CR2E037 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>COBB, MIKE 14621 S.W. 24TH STREET DAVIE, FL 33325</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2006**

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

1100000434224  
02/24/06-80051-009 61.25

1100000434224  
02/24/06-80051-010 8.75

**DO NOT WRITE  
IN THIS SPACE**

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 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** 1-11-06 954473-9679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Copies (Phone #)