

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 550-464  
FORT LAUDERDALE, FL 33355

**FILED**  
**Mar 06, 2007 08:00 AM**  
**Secretary of State**



01112007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

U00000657109  
03/14/07-80054-005 61.25

U00000657109  
03/14/07-80054-006 8.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mike Cobb* mike Cobb

1-31-07

954 473-9679

Date

Daytime Phone #