

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 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 550-464  
FORT LAUDERDALE, FL 33355



03122008 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	<input checked="" type="checkbox"/> \$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, 2008**

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

**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*

Mike Cobb

3-1-08

954 473-9679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #