2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 15, 2006 08:00 AM DOCUMENT # J57177 **Secretary of State** 1. Entity Name STEVE'S HOUSE OF KARATE, INC. Mailing Address Principal Place of Business 10016 GRIFFIN RD COOPER CITY FL 33328 10016 GRIFFIN RD COOPER CITY FL 33328 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. It, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2778419 Not Applie. Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSENTHAL, STEVEN Street Address (P.O. Box Number is Not Acceptable) 10016 GRIFFIN RD COOPER CITY FL 33328 City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered affice. the obligations of registered agent. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent argnesure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fac Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ \* :: TITLE Detete THLE NAME ROSENTHAL, STEVEN NAME U0000043**4200** 10016 GRIFFIN RD STREET ADDRESS STREET ADDRESS 02/24/06-80049-015 150.00 CATY-ST-ZIP FORT LAUDERDALE FL 33328 CITY-ST-ZIP ☐ Change ☐ A.A. TITLE Defete THE NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CHY-ST-7/P Change □ M: THEE ☐ Gelete THE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7tP City-ST-7/P TITLE Delete T)7) F ☐ Change □ Add MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP MILE ☐ Delete HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP ☐ Change 7371.5 ☐ Delete HILE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EXTY-ST-779

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or direct 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 in Block 10 or Block it changed, or on an attachment with an address, with all other like empowered.

FILED