

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M36425

FILED  
May 13, 2010  
Secretary of State

**Entity Name:** ATA TAEKWONDO CLUB, INC.

**Current Principal Place of Business:**

7682 N. FEDERAL HIGHWAY  
SUITE #3  
BOCA RATON, FL 33487

**New Principal Place of Business:**

7600 N. FEDERAL HIGHWAY  
SUITE #1  
BOCA RATON, FL 33487

**Current Mailing Address:**

7682 N. FEDERAL HIGHWAY  
SUITE #3  
BOCA RATON, FL 33487

**New Mailing Address:**

7600 N. FEDERAL HIGHWAY  
SUITE #1  
BOCA RATON, FL 33487

**FEI Number:** 59-2746684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, MIGUEL  
525 HERON DRIVE  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NELSON, MIGUEL  
Address: 525 HERON DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: V  
Name: INGRAM, BRENDA  
Address: 3324 CHATELAINE BLVD.  
City-St-Zip: DELRAY BCH, FL 33445

Title: VP  
Name: LEWIS, JAMES  
Address: 4000 MAJESTIC PALM WAY  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIGUEL NELSON

PRES

05/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date