FILED
Sep 09, 2004 8:00 am
Secretary of State
08-23-2004 90027 008 ****70.00

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000908

1. Entity Name
ACADEMY OF MARTIAL ARTS FOUNDATION, INC.

Principal Place of Business	Mailing Address
328 CRANDON BLVD. SUITE 206 KEY BISCAYNE, FL 33149	328 CRANDON BLVD. SUITE 206 KEY BISCAYNE, FL 33149

2. Principal Place of Business

Suite, Apt. #, etc.

c/o MITCHELL A. SILVER &CO.

City & State

P.O.BOX 223592
HOLLYWOOD, FLORIDA
33022-3592

Zip | Country

4. FEI Number 65-0982821 | Applied For | Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

8162004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUZOGLOU, ROBERT 328 CRANDON BLVD. SUITE 206 KEY BISCAYNE, FL 33149	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUZOGLOU, ROBERT 328 CRANDON BLVD. SUITE 206 KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUZOGLOU, LORI 328 CRANDON BLVD. SUITE 206 KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 8/31/04 (954) 922-0886
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #