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
328 CRANDON BLVD.
SUITE 206
KEY BISCAYNE, FL 33149

Mailing Address
328 CRANDON BLVD.
SUITE 206
KEY BISCAYNE, FL 33149

2. Principal Place of Business

Suite, Apt. #, etc.

c/o MITCHELL A. SILVER &CO.
P.O.BOX 223592

City & State

HOLLYWOOD, FLORIDA
33022-3592

Zip | Country

08162004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0982821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUZOGLOU, ROBERT
328 CRANDON BLVD.
SUITE 206
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

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 _____
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 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUZOGLOU, ROBERT	NAME	
STREET ADDRESS	328 CRANDON BLVD. SUITE 206	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUZOGLOU, LORI	NAME	
STREET ADDRESS	328 CRANDON BLVD. SUITE 206	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUZOGLOW, DEREK	NAME	
STREET ADDRESS	328 CRANOON BLVD SUITE 206	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #