


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000908 1. Entity Name ACADEMY OF MARTIAL ARTS FOUNDATION, INC.	
--	---

Principal Place of Business 328 CRANDON BLVD. SUITE 206 KEY BISCAINE, FL 33149	Mailing Address C/O MITCHELL A. SILVER & CO P.O. BOX 223592 HOLLYWOOD, FL 33022-3592
---	---



01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent DUZOGLOU, ROBERT 328 CRANDON BLVD. SUITE 206 KEY BISCAINE, FL 33149	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, 2007**

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	D DUZOGLOU, ROBERT 328 CRANDON BLVD. SUITE 206 KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUZOGLOU, LORI 328 CRANDON BLVD. SUITE 206 KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUZOGLOW, DEREK 328 CRANDON BLVD SUITE 206 KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000660406
03/19/07-80024-017 61.25

**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: Robert Duzoglou

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

Date

Daytime Phone #