2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# N00000005026

Entity Name: ORLANDO AMATEUR BOXING AND FITNESS CENTER, INC.

Current Principal Place of Business:

924 W AMELIA ST
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

925 KINGSBRIDGE DR.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 57-1140716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FIGUEROA, EUGENE
925 KINGSBRIDGE DR.
OVIEDO, FL 32765 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FIGUEROA, EUGENE
Address: 925 KINGSBRIDGE DR.
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: NOVELLE, ROLAND
Address: 1310 W COLONIAL RD #33
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete
Name: PIZARRO, JOSE
Address: 5670 NOKOMIS CIR.
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete
Name: GUILLEN, JOSE A
Address: 1217 GRECO DR
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE FIGUEROA CEO 09/06/2005

Electronic Signature of Signing Officer or Director Date