


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005411</b>	
1. Entity Name INTERNATIONAL PHILIPPINE MARTIAL ARTS MASTERS AND GRANDMASTER'S UNION AND HALL OF FAME, INC.	

Principal Place of Business 5949 CAROLINE DRIVE WESLEY CHAPEL, FL 33544	Mailing Address 5949 CAROLINE DRIVE WESLEY CHAPEL, FL 33544
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**DO NOT WRITE IN THIS SPACE**



08102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0125672	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LAZO, FEDERICO T 5949 CAROLINE DRIVE WESLEY CHAPEL, FL 33544
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZO, FEDERICO T 5949 CAROLINE DRIVE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZO, FREDERICK B JR 5949 CAROLINE DRIVE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESAS, ERNESTO A SR 124 ROLPH ST SAN FRANCISCO, CA 94112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL CASTILLO, STEPHEN 29813 STATE ROAD 54 WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/23/07-80004-012 61.25

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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.

<b>SIGNATURE:</b> <u>FEDERICO T. LAZO</u> <i>Federico T. Lazo</i>	Date <u>8/20/07</u>	Daytime Phone # <u>(813) 973-1620</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		