

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004265

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: WARRIORS INTERNATIONAL CULTURAL CENTER, INC

## Current Principal Place of Business:

5710 LAKESIDE DRIVE,  
APT. # 700  
MARGATE, FL 33063

## New Principal Place of Business:

3651 NW 27TH COURT  
LAUDERDALE LAKES, FL 33311 US

## Current Mailing Address:

5710 LAKESIDE DRIVE,  
APT. # 700  
MARGATE, FL 33063

## New Mailing Address:

3651 NW 27TH COURT  
LAUDERDALE LAKES, FL 33311 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LAWSON, ROBERT V SR.  
5710 LAKESIDE DRIVE,  
APT. # 700  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

LAWSON, ROBERT V SR.  
3651 NW 27 CT  
LAUDERDALE LAKES, FL 33311 US

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: ROBERT LAWSON

03/02/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LAWSON, ROBERT V REV.  
Address: 5710 LAKESIDE DRIVE, # 700  
City-St-Zip: MARGATE,, FL 33063

Title: DS ( ) Delete  
Name: LAWSON, SHIRLEY M  
Address: 5710 LAKESIDE DRIVE, # 700  
City-St-Zip: MARGATE,, FL 33063

Title: D ( ) Delete  
Name: FULLER, PAUL  
Address: 4814 MODERN DRIVE,  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: FULLER, JOAN  
Address: 4814 MODERN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LAWSON, ROBERT V  
Address: 3651 NW 27TH COURT  
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: DS (X) Change ( ) Addition  
Name: LAWSON, SHIRLEY M  
Address: 3651 NW 27TH COURT  
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: D (X) Change ( ) Addition  
Name: FULLER, PAUL  
Address: 4814 MODERN DRIVE,  
City-St-Zip: DELRAY BEACH, FL 33445 US

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: ROBERT LAWSON

MR.

03/02/2005

Electronic Signature of Signing Officer or Director

Date