

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000001602**

1. Entity Name  
**ALL AMERICA KARATE-DO JOSHINMON SHORIN RYU  
FEDERATION, INC.**



Principal Place of Business  
**1781 S.W. 3RD AVENUE  
MIAMI, FL 33129-1493**

Mailing Address  
**1781 S.W. 3RD AVENUE  
MIAMI, FL 33129-1493**

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**87-0717233**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PUGA, FELIX  
150 S.W. 49TH AVENUE  
MIAMI, FL 33126**

**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)

**000000361321**  
**05/05/05-80071-014 61.25**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	P PUGA, FELIX 150 SW 49TH AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ALVAREZ, JOSE 18515 S.W. 76TH STREET MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OCHOA, MIGUEL 3911 E. 4TH AVENUE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SENRA, ARMANDO 7 00 S.W. 24TH ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/05** **786-277-2289**