2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90216 049 ****61.25

DOCUMENT # N0400002020 1. Entity Name KNIGHTS WRESTLING ASSOCIATION, INC.						0	4-28-2005 902	216 049 ****6	1.25
Principal Place of Business MONARCH HIGH SCHOOL 5050 WILES RD COCONUT CREEK, FL 33073			Mailing Address % MONARCH HIGH SCHOOL SEE 5050 WHES RD COCONUT CREEK FL 33073 BOLOW						
2. Principal P	lace of Busin	ness	GMailing Address GI2 NW 47 th Ter						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03182005 Ct	ng-NP C	R2E037 (10/03)	
City & State			Deerfield Beach, FL			4. FEI Number 99	82094	 	oplied For ot Applicable
Zip		Country	33442	Counti	. Α	5. Certificate of St		\$8.75 Add	
	6. Name	and Address of Current I	Registered Agent		Name	7. Name and Add	ress of New Regis	tered Agent	
ZARA, LIN 612 NW 47		PACE			Street Address (P.O. Box Number is Not Acceptable)				
		i, FL 33442							
					City			FL Zip Code	8
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. 1 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, 2005 9. Election Campaign F Trust Fund Contribut						\$5.00 May Be Added to Fees		check payable to Department of St	
10.	PD	OFFICERS AND DIF	RECTORS Delete	11.		ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN Change	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP	ZARA, LINDA S 612 NW 47TH TERRACE STR				ADDRESS 1-zip			Grange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Delete PARENT, MATTHEW 569205 ARBOR CLUB WAY BOCA RATON, FL 33433			TITLE NAME STREET /	ADORESS 1-zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					APDRESS 1-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET /	ADDRESS T-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	i 		☐ Deligite	CITY-ST				☐ Change	Addition
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: JULIA TUL JOANS SIGNATURE AND TYPED OR PRINTED PAGE OF SIGNING OFFICER OR DIRECTOR Date Daylore Proce &									