

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008**  
**Secretary of State**

DOCUMENT# N04000004606

Entity Name: FLORIDA STATE JUDO YUDANSHAKAI, INC.

**Current Principal Place of Business:**

4010 SW 98TH AVENUE  
MIAMI, FL 33175

**New Principal Place of Business:**

8835 SW 43 TERRACE  
MIAMI, FL 33165

**Current Mailing Address:**

4010 SW 98TH AVENUE  
MIAMI, FL 33175

**New Mailing Address:**

8835 SW 43 TERRACE  
MIAMI, FL 33165

FEI Number: 20-1112338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENENDEZ, IRENE R  
1571 BIRD ROAD  
CORAL GABLES, FL 33146 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: PD ( ) Delete  
Name: GUARDIA, LUIS  
Address: 8835 SW 43RD TERRACE  
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete  
Name: FRANCISCO, JOSE ANTONIO  
Address: 17230 NW 73RD PLACE  
City-St-Zip: MIAMI, FL 330157106

Title: TD ( ) Delete  
Name: MENENDEZ, CARLOS  
Address: 1571 BIRD ROAD  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: ALFONSO, SERGIO  
Address: 8205 SW 56 STREET  
City-St-Zip: MIAMI, FL 33155

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUIS GUARDIA

PD

01/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date