2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-19-2007 90072 014 ****70.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N05000008751

1. Entity Name
US JUDO FEDERATION-FLORIDA YUDANSHAKAI INC

Principal Place of Business	Mailing Address
4965 NW 186 STREET MIAMI, FL 33055	4965 NW 186 STREET MIAMI, FL 33055

02162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1405 CHAPPARD CT.	1405 CHAPPARD CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON - FL.	City & State: WELLINGTON - FL.
Zip: 33414 Country: U.S.A.	Zip: 33414 Country: U.S.A

4. FEI Number: 14-1940558 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, EVELIO 4965 NW 186 ST MIAMI, FL 33055	Name: HECTOR VEGA Street Address (P.O. Box Number is Not Acceptable): 1405 CHAPPARD CT. City: WELLINGTON FL Zip Code: 33414

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: PD (HECTOR VEGA) DATE: 3/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARCIA, EVELIO 4965 NW 186 STREET MIAMI, FL 33055	☒ Delete	PD HECTOR VEGA 1405 CHAPPARD CT. WELLINGTON - FL. (33414)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VEGA, HECTOR 1405 CHAPPARD CT. WELLINGTON, FL 33414	☒ Delete	VD ALBERTO FERNANDEZ 7901 S.W. - 132 AVE MIAMI-FL (33183)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PACHERO, ROBERTO 19542 NW 59 PLACE MIAMI, FL 33015	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEWERS, MAXINE 4840 NW 55 DRIVE COCONUT CREEK, FL 33073	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: (HECTOR VEGA) 3/12/07 561 281 7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #