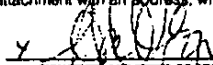


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-19-2007 9:00:14 *****70.00

FL 500008751
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 29 PM 12: 29

DOCUMENT # N05000008751					
1. Entity Name US JUDO FEDERATION-FLORIDA YUDANSHAKAI INC					
Principal Place of Business 4965 NW 186 STREET MIAMI, FL 33055			Mailing Address 4965 NW 186 STREET MIAMI, FL 33055		
2. Principal Place of Business - No P.O. Box # 1405 CHAPPARD CT.		3. Mailing Address 1405 CHAPPARD CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WELLINGTON - FL.		City & State WELLINGTON - FL.		4. FEI Number 14-1940558	
Zip 33414		Country U.S.A.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, EVELIO 4965 NW 186 ST MIAMI, FL 33055			7. Name and Address of New Registered Agent 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  (HECTOR VEGA) PD DATE 3/12/07 (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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWERS, MAXINE 4840 NW 55 DRIVE COCONUT CREEK, FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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) PD DATE 3/12/07 *5612317902 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					