

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001435

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** MARTIAL ARTS CENTER FOR STUDENTS WITH SPECIAL NEEDS, INC.

**Current Principal Place of Business:**

11040 SW 196 ST #404  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 560366  
MIAMI, FL 332560366

**New Mailing Address:**

11040 SW 196 ST #404  
MIAMI, FL 33157

**FEI Number:** 75-3230982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMIRNOVA, SVETLANA  
11040 SW 196 ST #404  
MIAMI, FL 33157 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: P ( ) Delete  
Name: SMIRNOVA, SVETLANA  
Address: 11040 SW 196 ST #404  
City-St-Zip: MIAMI, FL 33157

Title: VS ( ) Delete  
Name: MIRANDA, DAVID JR  
Address: 11040 SW 196 ST #404  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: AVILLAS, WILLIE  
Address: 729 SW 7 TERR  
City-St-Zip: FLORIDA CITY, FL 33034

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

Title: O ( ) Change (X) Addition  
Name: GONZALEZ, AMY  
Address: 11040 SW 196 ST #404  
City-St-Zip: MIAMI, FL 33157 US

Title: O ( ) Change (X) Addition  
Name: GONZALEZ, SARA  
Address: 11040 SW 196 ST #404  
City-St-Zip: MIAMI, FL 33157 US

Title: O ( ) Change (X) Addition  
Name: LHERISSON, RICHARD  
Address: 11040 SW 196 ST #404  
City-St-Zip: MIAMI, FL 33157 US

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: SVETLANA SMIRNOVA

P

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date