

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001435

FILED  
Jan 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

8925 SW 129 ST.  
MIAMI, FL 33176

**New Principal Place of Business:**

14417 S. DIXIE HWY  
PALMETTO BAY, FL 33176

**Current Mailing Address:**

8925 SW 129 ST.  
MIAMI, FL 33176

**New Mailing Address:**

14417 S. DIXIE HWY  
PALMETTO BAY, FL 33176

**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  
17525 SW 92 CT.  
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  
Name: SMIRNOVA, SVETLANA  
Address: 17525 SW 92 CT.  
City-St-Zip: MIAMI, FL 33157

Title: VS  
Name: MIRANDA, DAVID JR  
Address: 17525 SW 92 CT.  
City-St-Zip: MIAMI, FL 33157

Title: T  
Name: AVILES, WILLIE  
Address: 729 SW 7 TERR  
City-St-Zip: FLORIDA CITY, FL 33034

Title: O  
Name: GONZALEZ, SARA  
Address: 17525 SW 92 CT.  
City-St-Zip: MIAMI, FL 33157 US

Title: O  
Name: RIVAS, LUIS  
Address: 17525 SW 92 CT.  
City-St-Zip: MIAMI, FL 33157 US

I hereby 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 all other like empowered.

SIGNATURE: SVETLANA SMIRNOVA

P

01/09/2012

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

\_\_\_\_\_  
Date