

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005872

FILED
May 01, 2007
Secretary of State

Entity Name: BLACK LOTUS ACADEMY OF THE MARTIAL ARTS, INC.

Current Principal Place of Business:

18763 SW 107TH AVENUE (MARLIN ROAD)
CUTLER RIDGE, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18763 SW 107TH AVENUE (MARLIN ROAD)
CUTLER RIDGE, FL 33157 US

New Mailing Address:

FEI Number: 65-0958913 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JONES JR., VERNON M PROF.
18763 SW 107TH AVENUE (MARLIN ROAD)
CUTLER RIDGE, FL 33157 US

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: JONES JR., VERNON M PROF.
Address: 18763 SW 107TH AVENUE
City-St-Zip: CUTLER RIDGE, FL 33189

Title: VP () Delete
Name: JONES-WOODLEY, VONNETTA A SENSEI
Address: 11720 SW 112 CT
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: CONCEPCION, LIVAN RENSHI
Address: 90 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

Title: S () Delete
Name: JIMENEZ, DANIEL SENSEI
Address: 12430 SW 192 TR
City-St-Zip: MIAMI, FL 33177

Title: T () Delete
Name: CARDONA, MARIANA SAMPAL
Address: 21657 SW 107 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: TORRES, ROXANA SENSEI
Address: 11815 SW 206 STREET
City-St-Zip: MIAMI, FL 33177 US

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

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

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: VERNON JONES JR

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date