

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000038356**

1. Entity Name  
**AMERICAN INSTITUTE OF MARTIAL ARTS FAMILY  
KARATE CENTER INC.**



Principal Place of Business

**6841 SR 54  
NEW PORT RICHEY, FL 34653**

Mailing Address

**6841 SR 54  
NEW PORT RICHEY, FL 34653**



05012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3332769</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALBENZE, MIKE  
7116 STONE ROAD  
34668  
PORT RICHEY, FL FL**

**DO NOT WRITE  
IN THIS SPACE**

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 *Mike Albense* **MIKE ALBENSE - President** 3-23-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALBENZE, MIKE
STREET ADDRESS	6841 SR 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	S
NAME	ALBENZE, TRACHELE
STREET ADDRESS	6841 SR 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	
NAME	
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000000560692  
05/18/06-80049-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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: *Mike Albense*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06 727-372-0500  
Date Daytime Phone #