**2008 FOR PROFIT CORPORATION** 

## ANNUAL REPORT (AR)

## DOCUMENT # P00000057503

1. Entity Name

## ACADEMY OF MARTIAL A



**FILED** Mar 06, 2008 08:00 A Secretary of State

| ARTS RDCA CORP. | Secre |
|-----------------|-------|
| Mailing Address |       |
| B O BOY 200E00  |       |

| Principal Place of Business   |   | Mailing Address                                    | Mailing Address |   |                            |                                  |                     |          |                          |  |
|---|---|--|-----------------|---|----------------------------|----------------------------------|---------------------|----------|--------------------------|--|
| P.O. BOX 223592<br>HOLLYWOOD FL 33022-3592<br>P.O. BOX 223592<br>HOLLYWOOD FL 33022-3592  |   |  |                 | 1 (2)<br>1 (2)<br>2 (3)<br>1 (4)            |                            |                                  |                     |          |                          |  |
| 2. Principal F  | lace of Business - No P.O. I  | 3. Mailing Address                                 |                 |   | 1 184.11                   |                                  |                     |          |                          |  |
| Suite, Apt. #, etc. Suite, Ap   |   | Suite, Apt. #, etc.                                | pt.#, etc.      |   | 1st                        | 1st MOORE CR2E034 (10/07)        |                     |          |                          |  |
| City & Stat   | e .   | City & State                                       |                 |   | 4. FEI Numbe               | 65-102159                        | 93                  | <u> </u> | pplied For of Applicable |  |
| Zıp   | Country   | Zıp  | Coun            | try   | 5. Certificate             | of Status Desired                |                     | 8.75 Add |                          |  |
|   | 6. Name and Address   | of Current Registered Agent                        |                 | 7. Name and Address of New Registered Agent |                            |                                  |                     |          |                          |  |
|   |   |  |                 | Name  |                            |                                  |                     |          |                          |  |
| DUZOGLOU, ROBERT<br>2648 WILSON ST.<br>HOLLYWOOD FL 33020-1953  |   | Street Address (P.O. Box Number is Not Acceptable) |                 |   |                            |                                  |                     |          |                          |  |
|   |   |  |                 | City  | <del></del> .              |                                  | FL                  | Zip Cod  | 1e                       |  |
| 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   | Signature, typed or prefed hand of re-                                      | gistinged grading and total applicable. (A         | OTE Registere   | a Agert elgonturn                           | required when reinstating) |                                  | DATE                |          |                          |  |
| After   | ILE NOW!!! FEE IS \$1<br>May 1, 2008 Fee Will Bo<br>Payable to Florida Depa | \$550.00   |                 |   |                            | 9. Election Cam<br>Trust Fund Co | -                   |          | .00 May Be<br>ed to Fees |  |
| 10.   | OFFIC   | CERS AND DIRECTORS                                 | 11.             |   | ADDITIONS/                 | CHANGES TO OF                    | FICERS AND D        | PIRECTOR | S IN 11                  |  |
| TITLE   | D   | ☐ Derete   | ππε             |   |                            |                                  | [                   | Change   | Addition .               |  |
| NAME  | DUZOGLOU, ROBERT  |  | MAM             | ē i   |                            |                                  |                     |          |                          |  |
| STREET ADDRESS  | 2648 WILSON ST.   |  |                 | ET ADDRESS                                  |                            | U0000008                         | 49721               |          |                          |  |
| CITY-ST-ZIP   | HOLLYWOOD FL 33020  |  | CITY            | -ST-ZIP                                     |                            | 0000000<br>19791700-0            | 177121<br>17721-722 | <u> </u> | 10                       |  |
| TITLE   |   | ☐ Delete   | TITLE           |   | ,                          |                                  |                     | Change   | Addition                 |  |
| NAME  | •   |  | NAM             | 1   |                            |                                  |                     |          |                          |  |
| STREET ADDRESS  |   |  |                 | FT ADDRESS                                  |                            |                                  |                     |          |                          |  |
| CITY-ST-ZIP   |   |  |                 | -ST-ZIP                                     |                            |                                  |                     |          |                          |  |
| ITTLE   |   | ☐ Delete   | TITLE           | 1   |                            |                                  | ł                   | Change   | Addition                 |  |
| NAME<br>STREET ADDRESS  | ے ۔<br>   | ·- · · · · · ·                                     |                 | ET ADDRESS                                  | مستاح سا                   | ٠.                               |                     | •        |                          |  |
| CITY-ST-ZIP   |   |  |                 | -ST-ZIP                                     |                            |                                  |                     |          |                          |  |
| TIME  |   | ☐ Delete   | TITLE           |   | *                          |                                  |                     | Change   | Addition                 |  |
| HAME  |   | LLI Derete   | NAM             | 1   |                            |                                  | ı                   | Change   | ☐ Vocution               |  |
| STREET ADDRESS  |   |  |                 | E! ADDRESS                                  |                            |                                  |                     |          |                          |  |
| CITY-ST-ZIP   |   |  | CITY            | -ST-ZIP                                     |                            |                                  |                     |          |                          |  |
| DILE  |   | ☐ Derete   | TITLE           |   |                            |                                  | [                   | Change   | ☐ Addition               |  |
| NAME  |   |  | NAM             | Ĺ   |                            |                                  |                     |          | }                        |  |
| STREET ADDRESS  |   |  | STRE            | ET ADDRESS                                  |                            |                                  |                     |          | 1                        |  |
| CITY-ST-ZIP   |   |  | CITY            | - ST- ZIP                                   |                            |                                  |                     |          |                          |  |
| TITLE   |   | ☐ Deiele   | TITLE           |   |                            |                                  |                     | Change   | ☐ Addition               |  |
| NAME  |   |  | NAM             | ê   |                            |                                  |                     |          |                          |  |
| STREET ADDRESS  |   |  | STRE            | ET ADDRESS                                  |                            |                                  |                     |          |                          |  |
| CITY+ST-ZIP   |   |  | CITY            | -ST-ZIP                                     |                            |                                  |                     |          |                          |  |
| 12 Lhereby  | certify that the information si   | pooled with this filma does not qualif             | v for the ex    | emptione on                                 | ontained in Section 119    | Florida Statutes                 | I further certif    | that the | information              |  |

Thereby ceansy martine information subgried with this ming does not quality for the exemptions contained in Section 119, Fibrida 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.

Date