

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057503

FILED  
Feb 20, 2009  
Secretary of State

**Entity Name:** ACADEMY OF MARTIAL ARTS RDCA CORP.

**Current Principal Place of Business:**

P.O. BOX 223592  
HOLLYWOOD, FL 330223592

**New Principal Place of Business:**

328 CRANDON BLVD  
STE 206  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

P.O. BOX 223592  
HOLLYWOOD, FL 330223592

**New Mailing Address:**

**FEI Number:** 65-1021593      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DUZOGLOU, ROBERT  
2648 WILSON ST.  
HOLLYWOOD, FL 330201953 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DUZOGLOU, ROBERT  
Address: 2648 WILSON ST.  
City-St-Zip: HOLLYWOOD, FL 33020

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DUZOGLOU, PRES.

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02/20/2009

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

\_\_\_\_\_  
Date