

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2005 8:00 am
Secretary of State

07-27-2005 90049 020 ***150.00
09-06-2005 90141 006 ***400.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P01000005507					
1. Entity Name PROKARATE & BOXING SUPPLIES, INC.					
Principal Place of Business 1401 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415			Mailing Address 1401 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415		
2. Principal Place of Business 521 N Dixie Hwy			3. Mailing Address 521 N Dixie Hwy		
Suite, Apt. #, etc. Lake Worth			Suite, Apt. #, etc.		
City & State Fla			City & State Lake Worth Fla		
Zip 33460		Country USA	Zip 33460		Country USA
4. FEI Number 59-2838515			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BURNEY, CYNTHIA 1401 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415			7. Name and Address of New Registered Agent Name Cynthia Burney Street Address (P.O. Box Number is Not Acceptable) 521 N Dixie Hwy City Lake Worth FL Zip Code 33460		
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 <u><i>Cynthia Burney</i></u> Cynthia Burney President June 18 2005 <small>Signature, typed or printed name of registered agent and is not applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNIE, CYNTHIA 1401 SOUTH MILITARY WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cynthia Burney 521 N Dixie Hwy Lake Worth Fla 33460	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURNIE, PHILLIP 1401 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Burney, Phillip 521 N Dixie Hwy Lake Worth Fla 33460	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Cynthia Burney</i></u> Cynthia Burney <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date June 18 561-601-2527 <small>Daytime Phone #</small>		