

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000019634 1. Entity Name WORLD KICKBOXING LEAGUE, INC.	
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Principal Place of Business % EDUARDO LEISECA 9655 SO DIXIE HWY SUITE 113 MIAMI, FL 33156	Mailing Address % EDUARDO LEISECA 9655 SO DIXIE HWY SUITE 113 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1102038	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ-ROJAS, RAFAEL C/O EDUARDO LEISECA, P.A. 9655 S DIXIE HWY., STE. 113 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

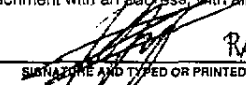
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ-ROJAS, RAFAEL 9655 S DIXIE HWY. STE. 113 MIAMI, FL 33156
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03/10/05-80045-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **RAFAEL LOPEZ ROJAS PRES** **3/4/5**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #