

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066939

FILED  
Apr 19, 2004  
Secretary of State

**Entity Name:** WORLD MARTIAL ARTS ACADEMY OF HAWTHORNE, INC

**Current Principal Place of Business:**

7040 SE HWY 301  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

7040 SE HWY 301  
HAWTHORNE, FL 32640

**New Mailing Address:**

**FEI Number:** 59-3730489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PD ( ) Delete  
Name: JOHNSON, TRACI M  
Address: 6940 SOUTHEAST 221ST STREET  
City-St-Zip: HAWTHORNE, FL 32640

Title: VP ( ) Delete  
Name: CAMERON, GLENN JR  
Address: 7040 SE HWY 301  
City-St-Zip: HAWTHORNE, FL 32640

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

Title: PD (X) Change ( ) Addition  
Name: CAMERON, TRACI M  
Address: 7040 SE HWY 301  
City-St-Zip: HAWTHORNE, FL 32640

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** TRACI MICHELLE CAMERON

PD

04/19/2004

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

\_\_\_\_\_  
Date