2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90058 026 ***150.00

DOCUMENT # P01000075998

1. Entity Name
FAMILY TAEKWONDO SCHOOL, INC.

50032825

Principal Place of Business	Mailing Address
2500 SW 107 AVE #20 MIAMI, FL 33165	2500 SW 107 AVE #20 MIAMI, FL 33165

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11940 SW. 8 ST	11940 SW. 8 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FL.	City & State: MIAMI - FL.
Zip: 33184 Country:	Zip: 33184 Country:

4. FEI Number: 65-1126533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDILLO, LILETT 4633 SW 136 PL MIAMI, FL 33175	Name: MENDOZA, LILETT Street Address (P.O. Box Number is Not Acceptable): 4633 SW. 136 PL. City: MIAMI FL Zip Code: 33175

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 X [signature] DATE 3-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GORDILLO, LILETT 4633 SW 136 PL MIAMI, FL 33175	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MENDOZA, LILETT 4633 SW. 136 PL. MIAMI - FL. 33175	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ALBUERNE, VICENTE 4633 SW 136 PL MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X [signature] 3-26-05 (305) 225-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #