

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90163 048 \*\*\*158.75

<b>DOCUMENT # P01000075998</b>					
<b>1. Entity Name</b> FAMILY TAEKWONDO SCHOOL, INC.					
<b>Principal Place of Business</b> 11940 SW 8 ST MIAMI, FL 33184			<b>Mailing Address</b> 11940 SW 8 ST MIAMI, FL 33184		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02252006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 65-1126533				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MENDOZA, LILETT 4633 SW 136 PL MIAMI, FL 33175			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DP	<b>NAME</b> MENDOZA, LILETT		<b>TITLE</b> DP	<b>NAME</b> MENDOZA, LILETT	
<b>STREET ADDRESS</b> 4633 SW 136 PL	<b>CITY-ST-ZIP</b> MIAMI, FL 33175		<b>STREET ADDRESS</b> 13004 SW. 51 ST	<b>CITY-ST-ZIP</b> MIAMI - FL. 33175	
<b>TITLE</b> DV	<b>NAME</b> ALBUERNE, VICENTE		<b>TITLE</b> DV	<b>NAME</b> ALBUERNE, VICENTE	
<b>STREET ADDRESS</b> 4633 SW 136 PL	<b>CITY-ST-ZIP</b> MIAMI, FL 33175		<b>STREET ADDRESS</b> 13004 SW. 51 ST.	<b>CITY-ST-ZIP</b> MIAMI - FL. 33175	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Lilett Mendoza</i>			2-24-2006 (305)225-9779		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date                      Daytime Phone #		

40027627

