## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000052231

City-St-Zip:

Apr 21, 2004 Secretary of State

Entity Name: ALFARO MARTIAL ARTS PROFESSIONALS, INC. **Current Principal Place of Business: New Principal Place of Business:** 13170 ATLATNIC BLVD JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** P O BOX 16952 JACKSONVILLE, FL 32225 FEI Number: 30-0078624 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALFARO, ERNEST ALFARO, ERNEST 13170 ATLATNIC BLVD 1626 COVE LANDING DR. JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32233 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: 04/21/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition ALFARO, ERNEST Name: Name: 1626 COVE LANDING DR Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MCLENNON, DIANE L VP Name: Name: Address: Address: 4456 TIMBER HALLOW WAY

JAX, FL 32224

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: ERNEST ALFARO **PRES** 04/21/2004