

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132296

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** FAMILY KICKBOXING-HOME OF THE CHAMPIONS INC

**Current Principal Place of Business:**

12851 SW 42ND ST., SUITE 101  
MIAMI, FL 33175

**New Principal Place of Business:**

13109 SW 68 LN  
MIAMI, FL 33183

**Current Mailing Address:**

12851 SW 42ND ST., SUITE 101  
MIAMI, FL 33175

**New Mailing Address:**

13109 SW 68 LN  
MIAMI, FL 33183

**FEI Number:** 13-4247810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, MANUEL  
13109 SW 68TH LANE  
MIAMI, FL 33183 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: D ( ) Delete  
Name: LOPEZ, MANUEL  
Address: 12851 SW 42ND ST., SUITE 101  
City-St-Zip: MIAMI, FL 33175

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

Title: D (X) Change ( ) Addition  
Name: LOPEZ, MANUEL  
Address: 13109 SW 68 LN  
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** MANUEL LOPEZ

D

04/28/2008

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

\_\_\_\_\_  
Date