

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/19


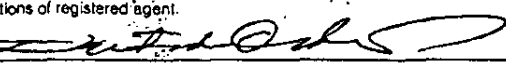
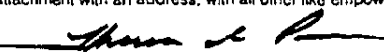
FILED
May 05, 2004 8:00 am
Secretary of State

04-19-2004 90393 004 ***158.75

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01302004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000059605			
1. Entity Name UNITED SCHOOLS OF MARTIAL ARTS, INC.			
Principal Place of Business 10415 NW 130 ST. HIALEAH GARDENS, FL 33018		Mailing Address 10415 NW 130 ST. HIALEAH GARDENS, FL 33018	
2. Principal Place of Business 3106 W 76 ST.		3. Mailing Address P.O. BOX 144484	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH FL		City & State CORAL GABLES, FL	
Zip 33012	Country MIAMI-DADE	Zip 33114	Country MIAMI-DADE
4. FEI Number 16-1672125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DE PRAT, THERESA 10415 NW 130 ST. HIALEAH GARDENS, FL 33018		7. Name and Address of New Registered Agent SANTANDER ORDONEZ 1840 WEST 49TH ST. #220-4 HIALEAH FL 33012	
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:  DATE: 4/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PRESIDENT THERESA DE PRAT 3106 W 76 ST., HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 2/13/04 Daytime Phone #: 305 558 6860	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	