

DOCUMENT# P03000078824

Entity Name: FAMILY MARTIAL ARTS AND FITNESS INC.

Current Principal Place of Business:

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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: ANITA L CASTRICONE

12/21/2004

Electronic Signature of Registered Agent

Date _____

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTRICONE, ANITA L
Address: 1611 GRAY BARK DR
City-St-Zip: OLDSMAR, FL 34677

Title: V () Delete
Name: CASTRICONE, DANIEL K
Address: 1611 GRAY BARK DR
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTRICONE, PAUL
Address: 1611 GRAY BARK DR
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
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: PAUL CASTRICONE

P

12/21/2004

Electronic Signature of Signing Officer or Director

Date _____