

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91033 037 ***150.00

DOCUMENT # P03000082351

1. Entity Name
EMERALD HILLS MARTIAL ARTS SUPPLY, INC.



Principal Place of Business Mailing Address

~~2240 NORTH 56TH TERR.~~
~~HOLLYWOOD, FL 33021~~
4000 HOLLYWOOD BLVD. #155-5
HOLLYWOOD, FL 33021

~~2240 NORTH 56TH TERR.~~
~~HOLLYWOOD, FL 33021~~
2904 W. MARINA DRIVE
Ft. Lauderdale, FL 33312



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number
20-0113282

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NASH, CAROL A
~~2240 NORTH 56TH TERR.~~
~~HOLLYWOOD, FL 33021~~
2904 W. MARINA DRIVE
Ft. Lauderdale, FL 33312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NASH, CAROL A	2240 NORTH 56TH TERR. 2904 W. MARINA DR.	HOLLYWOOD, FL 33021 Ft. Lauderdale, FL 33312	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Carol A. Nash **CAROL A. NASH** 4/27/04 954-986-1184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #