

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90060 032 \*\*\*150.00

**94053710**



<b>DOCUMENT # P03000112244</b> 1. Entity Name <b>MARTIAL ARTS INSTITUTE, INC.</b>					
Principal Place of Business <b>54 SW BOCA RATON BLVD BOCA RATON, FL 33432</b>			Mailing Address <b>54 SW BOCA RATON BLVD BOCA RATON, FL 33432</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		04132004      Chg-P      CR2E034 (10/03)	
4. FEI Number <b>20-0296496</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>ZAKARIN, RON 54 SW BOCA RATON BLVD BOCA RATON, FL 33432</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating).</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ZAKARIN, RON 54 SW BOCA RATON BLVD BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DURFEE, FRANCIS 54 SW BOCA RATON BLVD BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CLARK, JOSEPH 54 SW BOCA RATON BLVD BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>E'ELISEO, STEVEN 54 SW BOCA RATON BLVD BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WARD, DONALD 54 SW BOCA RATON BLVD BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <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 life empowered.					
<b>SIGNATURE:</b> <i>Robert M Zakarin</i> <b>President</b> <b>4-14-04</b> <b>581/361-9800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <small>Daytime Phone</small></span>					