


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000112244 1. Entity Name MARTIAL ARTS INSTITUTE, INC.	
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Principal Place of Business 54 SW BOCA RATON BLVD BOCA RATON, FL 33432	Mailing Address 54 SW BOCA RATON BLVD BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0296496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**ZAKARIN, RON
54 SW BOCA RATON BLVD
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAKARIN, RON 54 SW BOCA RATON BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURFEE, FRANCIS 54 SW BOCA RATON BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JOSEPH 54 SW BOCA RATON BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D E'ELISEO, STEVEN 54 SW BOCA RATON BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, DONALD 54 SW BOCA RATON BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 recorder 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:  **4-13-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **541-344-9800**
Daytime Phone #