

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90415 027 ***150.00

DOCUMENT # P04000005251

1. Entity Name
YES I CAN MARTIAL ARTS INC.



Principal Place of Business
2175 ALOMA AVE
WINTER PARK, FL 32792

Mailing Address
1850 W FAIRBANKS AVE.
STE. B
WINTER PARK, FL 32789

30008824



01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

1445 Duff Rd

Suite, Apt. #, etc

3. Mailing Address

1850 W. Fairbanks Ave.

Suite, Apt. #, etc.

Suite B

City & State

Lakeland, FL

City & State

WINTER PARK, FL

4. FEI Number

81-0638112

Applied For

Not Applicable

Zip

33810

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VON SCHMELING, SERGIO
1680 OAKHURST AVE
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name Sergio Von Schmeling

Street Address (P.O. Box Number is Not Acceptable)
1850 W. Fairbanks Ave.

Suite B

City Winter PARK

FL

Zip Code 32789

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

03/27/2006

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VON SCHMELING, SERGIO	
STREET ADDRESS	1680 OAKHURST AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/2006 407-740-6747

Date

Daytime Phone #