## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000097285

1. Entity Name

SANDOR URBAN'S US KENPO KAI, INC.



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

1890 SW 57 AVE SUITE 106 MIAMI, FL 33155 Mailing Address

1890 SW 57 AVE SUITE 106 MIAMI, FL 33155



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0260671

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

URBAN, SANDOR 833 WEST AVENUE #405

MIAMI BEACH, FL 33139

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| MIAMI BEACH, FL 33139   |   |   | IN THIS STACE                          |   |  |
|---|---|---|--|---|--|
| 8. The above the obligat  | named entity submits this statement for the plans of registered agent.  | purpose of changing its registered  | office or r                            | egistered agent, or bo  | th, in the State of Florida. I am familiar with, and accept  |
| SIGNATURE   | Signature, typed or printed name of registered agent and title i  | applicable. (NOTE: Registered A   | ocol signature                         | required when reinstating)  | DATE   |
|   |   | Election Campaign Financi   |  |   | DATE   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 |   | Trust Fund Contribution   |  | \$5.00 May Be<br>Added to Fees  |  |
| 10.   | OFFICERS AND DIREC  | CTORS   |  |   |  |
| TIFLE NAME STREET ADDRESS CITY - ST - ZIP                             | P<br>URBAN, SANDOR<br>1890 SW 57 AVE, #405<br>MIAMI, FL 33155   |   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                                 |   |   |  |   | 000000752331<br>05/21/07-80012-010 158.75  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST+ZIP                        |   |   |  | DO  | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |  | IN <sup>-</sup>   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   |  | ,   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |   |   |  |   |  |
| 12. I hereby of indicated of the corchanged,                          | certify that the information supplied with this fill<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowered<br>or on an attachment with applieddress, with all | ing does not qualify for the exem<br>and accurate and that my signature<br>to execute this report as required<br>other like empowered | ptions cor<br>e shall hav<br>d by Chap | ntained in Chapter 119<br>ve the same legal effecter 607, Florida Statute | Priorida Statutes. I further certify that the information as if made under oath; that I am an officer or director s; and that my name appears in Block 10 or Block 11 if |