## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # P04000127101  1. Entity Name OKINAWIN KARATE CENTER, INC.				)	03-18-2005 9	90054 027 ***1.	50.00	
Principal Place of Business  1040 W INDUSTRIAL AVE BAY 2 BOYNTON BEACH, FL 33426  Mailing Address  1040 W INDUSTRIAL AVE BAY 2 BOYNTON BEACH, FL 33426				es es s				
2. Principal Place of Business  1443  Suite, Apt. #, etc.  3. Mailing Address  1443  Suite, Apt. #, etc.			` Wm N.	03092005	Chg-P	CR2E034 (10/03		
City & State  Palm  Zip  3341	Buch. Gurdens, FC. P.		ountry Bil	4. FEI Number 54- 2  5. Certificate of	N 64830 Status Desired			
2247	6. Name and Address of Current Regis		Letter Set	7. Name and A	ddress of New Re			
0011017	OLIEDOLA.	Name						
SCHOLZ, SHERRI A 620 OCEAN INLET DR BOYNTON BCH, FL 33435			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City	<del></del>		<b>□</b>	44	
The above named entity submits this statement for the ournose of chancing its registere.				orad agent or both	in the State of Flor			
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								
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution		5.00 May Be Ided to Fees				
	ay 1, 2005 Fee will be \$550.00  OFFICERS AND DIRE	Trust Fund Contribution		Ided to Fees	HANGES TO OFFI	CERS AND DIRECTO	RS IN 11	
After Ma	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution CTORS 1 Delete 7	on. 🗆 Ad	Ided to Fees	HANGES TO OFFI	CERS AND DIRECTO		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P AYALA, MANUEL A 14493 65 WAY N PALM BCH GARDENS, FL 33418	Trust Fund Contribution  CTORS 1  Delete 7	On. Ad	Ided to Fees	HANGES TO OFFI	☐ Change	☐ Addition	
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2. I nereby certify that the information supplied with this flling does not quality 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 impowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SI

IGNING OFFICER OR DIRECTOR

K-3-14-05

561-733-3901