


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000141967	
1. Entity Name SHINJINBUKAN SHORIN RYU KARATE OF FLORIDA, INC	

Principal Place of Business 12349 SW 53RD STREET #203 COOPER CITY, FL 33330	Mailing Address 12349 SW 53RD STREET #203 COOPER CITY, FL 33330
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1776895	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

**CLEVELAND, CHARLES E
12349 SW 53RD STREET
203
COOPER CITY, FL 33330**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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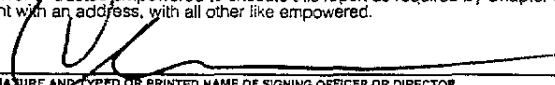
10. OFFICERS AND DIRECTORS

TITLE P	CLEVELAND, CHARLES E 12349 SW 53RD STREET #203 COOPER CITY, FL 33330
TITLE VP	CLEVELAND, LILLIAN 12349 SW 53RD STREET #203 COOPER CITY, FL 33330
TITLE 	
TITLE 	
TITLE 	
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05/19/06-80003-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **43006**

Date _____ Daytime Phone # _____