2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2007 8:00 am Secretary of State

ANNUAL REPURI						Secretary of State			
DOCUMENT # P04000141967 1. Entity Name						05-09-200)7 90110 022 ***1	50.00	
SHINJINBUKAN SHORIN RYU KARATE OF FLORIDA, INC									
Principal Plac		Mailing Address 10055 CLEARY BLVD.		· .	· .				
10055 CLEARY BLVD. PLANTATION, FL 33324		PLANTATION, FL 33324							
2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number 20-1776			Applied For Not Applicable	
Zip			Countr	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent		
MANUTACOCI T MAIOCAIT D				Name					
10055 CLE	SELT, VINCENT B EARY BLVD. ION, FL 33324 .	Str		Street Address	(P.O. Box Numbe	er is Not Acceptat	ble)		
<u>.</u>		}	City			FL Zip Co	de		
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									
	Signature, typed or printed name registered agen	t and title it applicable. (NO)	E: Hegistered	Agent agnature require	kd when reinstating)		DATE		
FiL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	cing \$5	i.00 May Be ded to Fees						
10. OFFICERS AND DIRECTORS 11			11.		ADDITIONS/	CHANGES TO O	FFICERS AND DIRECTO	RS IN 11	
TITLE	P Delet		TITLE	P	7.00110107	0.000000	F Change	Addition	
NAME	CLEVELAND, CHARLES E		NAME		J HASS€	LT, VIN	UENT B.	<u></u>	
STREET ADDRESS	12349 SW 53RD STREET #203	stre		TADDRESS (IDC	055 CL	EARY B	OULEVARD		
CITY-ST-ZIP	COOPER CITY, FL 33330		CITY-	ST-ZIP PL	ANTATIO	N, FL	CENT B. OULEVARD 33324		
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NAME		tim Delete	NAME				ு அவரும		
1 2				T ADDRESS					
CITY-ST-ZIP	i		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: Ut & U Wasself Vincent B. Van Hasself President, 4/29/67
BIGNATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR
Date

Date

Date

Date

Date

Description

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