## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000097086

6423 S CHIKASAW TRL

ORLANDO, FL 32829

Address:

City-St-Zip:

Entity Name: FLORIDA SPORTS MARTIAL ARTS ACADEMY, INC.

FILED Jun 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IIKASAW TRL ), FL 32829				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	IIKASAW TRL ), FL 32829				
FEI Number:	20-3177783	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
301 E PINE	, GARY S ESC E ST STE 1400 ), FL 32801				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	et receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CANONIZADO, 6423 S CHIKAS ORLANDO, FL	AW TRL	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	PD ()	Delete WILLIAM	Title: Name:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CANONIZADO MR. 06/28/2009