2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-02-2007 90075 047 ***125.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/01/07 01017 019 $25.00

03312007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000035110

1. Entity Name
NATIONAL JUDO INSTITIUTE - UNIQUE PHYSIQUE FITNESS CENTER, INC.

Principal Place of Business	Mailing Address
18832 MONROE AVE ORLANDO, FL 32820	18832 MONROE AVE ORLANDO, FL 32820

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18735 E Colonial Dr.	18832 Monroe Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State: Orlando Fl
Zip: 32820 Country: Orange	Zip: 32820 Country: Orange

4. FEI Number 47-2201550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSALES, JENNIFER
18832 MONROE AVE
ORLANDO, FL 32820

7. Name and Address of New Registered Agent

Name: Enrique Lopez
Street Address (P.O. Box Number is Not Acceptable): 18832 Monroe Ave
City: Orlando FL Zip Code: 32820

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 ____________ 3-29-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, ENRIGUE 18832 MONROE AVE ORLANDO, FL 32820	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Humberto Lopez 3201 SW 18 ST Miami Fl 33145 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSALES, JENNIFER 18832 MONROE AVE ORLANDO, FL 32820	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Enrique Lopez 18832 Monroe Ave Orlando Fl 32820 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____ Enrique Lopez 3-29-07 4075681439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Att Karen Gibson