

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90022 012 \*\*\*150.00

<b>DOCUMENT # P07000031831</b> 1. Entity Name <b>MINAMI DOJO, INC.</b>			
Principal Place of Business <b>822 95TH AVENUE NORTH NAPLES, FL 34108 US</b>		Mailing Address <b>822 95TH AVENUE NORTH NAPLES, FL 34108 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1826 Trade Center Way</b> Suite, Apt. #, etc. <b>Units G and H</b>		3. Mailing Address Suite, Apt. #, etc.  	
City & State <b>Naples, Florida</b>		City & State  	
Zip <b>34109</b>		Country <b>Collier</b>	
4. FEI Number <b>20-8618534</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KURETH, LYNN 822 95TH AVENUE NORTH NAPLES, FL 34108</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.S KURETH, LYNN 822 95TH AVENUE NORTH NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KURETH, MARIANNE 822 95TH AVENUE NORTH NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Lynn Kureth</i> <b>Lynn Kureth</b>		<b>2-5-08</b> <b>239404-6563</b> <small>Date Daytime Phone #</small>	