

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064413

FILED
Apr 28, 2009
Secretary of State

Entity Name: COMBATIVE SYSTEMS INTERNATIONAL, INC.

Current Principal Place of Business:

1833 NW 74TH WAY
PEMBROKE PINES, FL 33024

New Principal Place of Business:

2700 CYPRESS CT.
MIRAMAR, FL 33025 US

Current Mailing Address:

PO BOX 246714
PEMBROKE PINES, FL 33024

New Mailing Address:

PO BOX 246714
PEMBROKE PINES, FL 33024 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: LAZARUS, MICHAEL
Address: 7389 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP/T (X) Delete
Name: LAZARUS, MICHAEL
Address: 7389 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Delete
Name: LAZARUS, MICHAEL
Address: 7389 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAZARUS, MICHAEL
Address: 2700 CYPRESS CT.
City-St-Zip: MIRAMAR, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: MICHAEL LAZARUS

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04/28/2009

Electronic Signature of Signing Officer or Director

Date