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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 JUN -3 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000094055

1. Entity Name
SOUTH BEACH JIU-JITSU SYSTEMS, INC.

Principal Place of Business	Mailing Address
1926 HOLLYWOOD BLVD #207 HOLLYWOOD, FL 33020	1926 HOLLYWOOD BLVD #207 HOLLYWOOD, FL 33020

05232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6103 AQUA AVE	6103 AQUA AVE
Suite, Apt. #, etc. #404	Suite, Apt. #, etc. #404
City & State M.B. FL	City & State M.B. FL
Zip 33141 Country USA	Zip 33141 Country USA

4. FEI Number 65-1319592 ☐ Applied For ☐ Not Applicable

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
SACK, PAUL 6103 AQUA AVENUE #404 MIAMI BEACH, FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 5/31/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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	DP VALVERDE, DANIEL 1926 HOLLYWOOD BLVD #207 HOLLYWOOD, FL 33020	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/V/S/T PAUL SACK 6103 AQUA AVE #404 MIA. BCH. FL. 33141	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SACK, PAUL 1926 HOLLYWOOD BLVD #207 HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800131629488 06/24/08--01033--012 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: [signature] 5/30/08 786-942-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 2/2

Paul Sack
6103 Aqua Avenue #404
Miami Beach, Fl 33141

DEAR SIRS:

I DID NOT RECEIVE THE ORIGINAL OF THIS NOTICE. PLEASE WAIVE THE LATE FEE.

THANK YOU

PS