

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066380

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TWIN DRAGON MARTIAL ARTS ACADEMY, INC

**Current Principal Place of Business:**

3431 NW 14 COURT  
LAUDERHILL, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

3431 NW 14 COURT  
LAUDERHILL, FL 33311

**New Mailing Address:**

FEI Number: 90-0402090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILMOT, HAFIDA  
3431 NW 14 COURT  
LAUDERHILL, FL 33311 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 ( ) Delete  
Name: WILMOT, HAFIDA  
Address: 3431 NW 14 COURT  
City-St-Zip: LAUDERHILL, FL 33311

Title: VP ( ) Delete  
Name: GAMBOA, PAUL  
Address: 3661 SW 59 TERRACE #2  
City-St-Zip: DAVIE, FL 33314

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: HAFIDA WILMOT

P

04/29/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date