

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095505

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** NORTH AMERICAN FIGHT ASSOCIATION, INC.

**Current Principal Place of Business:**

INDIAN RIVER MALL 6200 20TH STREET  
SUITE 210  
VERO BEACH, FL 32966 US

**New Principal Place of Business:**

**Current Mailing Address:**

INDIAN RIVER MALL 6200 20TH STREET  
SUITE 210  
VERO BEACH, FL 32966 US

**New Mailing Address:**

**FEI Number:** 26-3588446      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TAVARES, RENATO  
INDIAN RIVER MALL 6200 20TH STREET  
SUITE 210  
VERO BEACH, FL 32966 US

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

SCHMIDT, JOHN E  
INDIAN RIVER MALL 6200 20TH STREET  
SUITE 210  
VERO BEACH, FL 32966 US

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: JOHN E. SCHMIDT

04/29/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TAVARES, RENATO  
Address: INDIAN RIVER MALL 6200 20TH ST. SUITE 210  
City-St-Zip: VERO BEACH, FL 32966 US

Title: CFO  
Name: SCHMIDT, JOHN E  
Address: INDIAN RIVER MALL 6200 20TH ST. SUITE 210  
City-St-Zip: VERO BEACH, FL 32966 US

Title: V.P.  
Name: SPEDALIERE, LUI  
Address: INDIAN RIVER MALL 6200 20TH ST. SUITE 210  
City-St-Zip: VERO BEACH, FL 32966

I hereby 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 all other like empowered.

SIGNATURE: JOHN E. SCHMIDT

CFO

04/29/2012

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

\_\_\_\_\_  
Date