

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000024172

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** KOMBAT ARTS INSTITUTE INC.

**Current Principal Place of Business:**

16102 N. FLORIDA AVE.  
SUITE B  
LUTZ, FL 33549

**New Principal Place of Business:**

133 FLAGSHIP DRIVE  
LUTZ, FL 33549

**Current Mailing Address:**

16102 N. FLORIDA AVE.  
SUITE B  
LUTZ, FL 33549

**New Mailing Address:**

133 FLAGSHIP DRIVE  
LUTZ, FL 33549

**FEI Number:** 61-1593268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UY, DOMINADOR R JR  
16102 N. FLORIDA AVE.  
SUITE B  
LUTZ, FL 33549 US

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

UY, DOMINADOR R JR  
133 FLAGSHIP DRIVE  
LUTZ, FL 33549 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:

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

04/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: UY, DOMINADOR  
Address: 133 FLAGSHIP DRIVE  
City-St-Zip: LUTZ, FL 33549

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: DOMINADOR UY

PVST

04/30/2012

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

\_\_\_\_\_  
Date