2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000012837

1. Entity Name

TAMPA MOO DUK KWAN CLUB, INC.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

625 E. TWIGGS ST. STE. 100

TAMPA, FL 33602

Mailing Address

625 E. TWIGGS ST. STE. 100

TAMPA, FL 33602



DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3172559 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, DAVID B 625 E. TWIGGS ST. STE. 100 **TAMPA, FL 33602**

i	į	<u>.</u>	? ≥	117	110.1	9 <u>1 1</u> 2	<u> </u>	1,710		الوجاسيا	<u>i, 3"</u>	1.04
	4	П		1	NH	U.	т.,	11	M)	т.	
,	Ì	u	C		N.	U	. 36	Ψ.	Y I	ZI	١,	
	ì	, II.	Ш.	(Pil)		Hila	laiT:	Litu	洲州	准,世		E
	Ļ		XI.	i'uπ.	ٽ :	IC		C	D	Λ.		
	ľ	Ш	A	4			> *[J	F. 1	٨,	وث	E

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							
FILE NOW!!! FEE IS \$150.00	9. Election Campaign Financing \$5.00 May Be						

After May 1, 2008 Fee will be \$550.00

10.	OFFICERS AND DIRECTORS	
TITLE	PV	
NAME	WEINSTEIN, DAVID B	
STREET ADDRESS	625 E. TWIGGS ST. STE. 100	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		14 U0000093203143 14 U0000093203143 14 U0000093203143 15 U0000093203039 15 U0000093203143 16 U0000093203143 17 U0000093203 17 U0000093203 17 U0000093203 17 U0000093203 17 U000009320 17 U0000009320 17 U00000009320 17 U000000000000000000000000000000000000
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		- 9 1
TITLE	· · · · · · · · · · · · · · · · · · ·	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
	<u> </u>	

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~28-08

Date

Daytime Phone #