

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90006 019 \*\*\*150.00

**DOCUMENT # P93000030046**



1. Entity Name  
**UNITED STATES SHIM SHIN-DO MARTIAL ARTS  
FEDERATION INC.**

Principal Place of Business 1530 MCMULLEN BOOTH ROAD SUITE D 6 & 7 CLEARWATER, FL 33579 US	Mailing Address 1530 MC MULLEN BOOTH ROAD SUITE D 6 & 7 CLEARWATER, FL 33579 US
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**04067582**



2. Principal Place of Business 1550 McMullen Booth Rd	3. Mailing Address 1550 McMullen Booth Rd
Suite, Apt. #, etc. F-5	Suite, Apt. #, etc. F-5

08032004 Chg-P CR2E034 (10/03)

City & State Clearwater, FL	City & State Clearwater, FL
Zip 33759	Zip 33759
Country Pinellas	Country Pinellas

4. FEI Number 59-3232950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARRIGA, SERGIO G.P. 1530 MCMULLEN BOOTH ROAD SUITE D 6 & 7 CLEARWATER, FL 33579	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1550 McMullen Booth Rd Suite F-5 City Clearwater FL Zip Code 33759
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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 DATE 8/3/04

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRIGA, SERGIO G 2455 MCMULLEN BOOTH ROAD CLEARWATER, FL 33579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1550 McMullen Booth Rd #F-5 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRIGA, BARBARA 2455 MCMULLEN BOOTH ROAD CLEARWATER, FL 33579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1550 McMullen Booth Rd #F-5 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DATE 8/3/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
Doc. # 93000030046  
54067582

**JACOBS ACCOUNTING & COMPUTERS, INC.**  
**2121 MAIN STREET**  
**DUNEDIN, FL. 34698**  
**727-210-2552**

**AUGUST 2, 2004**

**UNIFORM BUSINESS REPORT**

**PLEASE ACCEPT THE ENCLOSED UBR FILINGS AS TIMELY. MY CLIENT, U. S. SHIM SHIN DO MARTIAL ARTS, INC., DID NOT RECEIVE THE ORIGINAL UBR NOTICE. WE ARE REQUESTING THAT YOU WAVE THE PENALTY FOR LATE FILING.**

**THANK YOU FOR YOUR HELP IN THIS MATTER.**

**RESPECTFULLY SUBMITTED,**

**HAL JACOBS**  
**PRESIDENT**