


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000077721</b> 1. Entity Name <b>TIGER &amp; DRAGON KENPO KARATE SCHOOL OF MARTIAL ARTS, INC.</b>	
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Principal Place of Business <b>4315 NW 7TH STREET STE. 30A MIAMI, FL 33126</b>	Mailing Address <b>4315 NW 7TH STREET STE. 30A MIAMI, FL 33126</b>
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**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0525802</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LANA, JUAN 4315 NW 7TH STREET STE. 30A MIAMI, FL 33126</b>
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANA, JUAN 4315 NW 7TH STREET STE. 30A MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, OSVALDO 4315 NW 7TH STREET STE. 30A MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VEGA, ALAN 4315 NW 7TH STREET STE. 30A MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000093120  
03/22/04-80005-010 150.00

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IN THIS SPACE**

**PLEASE SIGN  
& DATE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/18/04</b> Date	<b>305-443-4245</b> Daytime Phone #
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