

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082756

Entity Name: BLACK BELTS KENPO ACADEMY, INC.

FILED
Feb 01, 2005
Secretary of State

Current Principal Place of Business:

5107 COCONUT CREEK PARKWAY
MARGATE, FL 33063

New Principal Place of Business:

6301 W. ATLANTIC BLVD
MARGATE, FL 33063

Current Mailing Address:

5107 COCONUT CREEK PARKWAY
MARGATE, FL 33063

New Mailing Address:

6301 W. ATLANTIC BLVD
MARGATE, FL 33063

FEI Number: 65-0616185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUWAR, MUNIS A
5107 COCONUT CREEK PARKWAY
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

ABU NUWAR, MUNIS A
6301 W. ATLANTIC BLVD
MARGATE, FL 33063 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: MUNIS A ABU NUWAR

02/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUWAR, MUNIS A
Address: 5107 COCONUT CREEK PARKWAY
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ABU NUWAR, MUNIS A
Address: 6301 W. ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MUNIS A. ABU NUWAR

PRES

02/01/2005

Electronic Signature of Signing Officer or Director

Date