## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGN AT THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

## Feb 11, 2005 8:00 am Secretary of State DOCUMENT # P96000065409 Entity Name<sup>x<sup>2</sup></sup> 02-11-2005 90052 016 \*\*\*150.00 USA GOJU KARATE, INC. Principal Place of Business Mailing Address 11627 NW 11 STREET PEMBROKE PINES FL 33026 11627 NW 11 STREET **ひひひませんひょ** PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address 133 AVP 1980 SW 133 1980 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0718339 WIRAMAR Miramer Not Applicable Zip 33027 Zip 3027 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REIZNER, DANIEL Street Address (P.O. Box Number is Not Acceptable) 11627 NW 11 ST. Ave PEMBROKE PINES FL 33026 Zip Code 33027 Miramar 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. , Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TOTLE ☐ Detete TITLE DP ☐ Addition DANIEL REIZNER 1980 SW 133 AVE DANIEL REIZNER NAME NAME STREET ADDRESS 11627 N W 11 STREET STREET ADDRESS 33027 PEMBROKE PINES FL 33026 WILAMAR CITY-ST-7IP CitY-ST-7iP TITLE ☐ Delete THILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST- ZIP FITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DDE TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the stee 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.

**FILED**