


FILED
Apr 30, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000015905 1. Entity Name A+ KARATE, INC.	
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Principal Place of Business 5920 JOHNSON ST 106 HOLLYWOOD, FL 33021	Mailing Address 5920 JOHNSON ST 106 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0816517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALEVO, MICHAEL
6453 ORANGE DRIVE
DAVIE, FL 33314

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000346307 04/30/05-80070-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALEVO, MICHAEL 6453 ORANGE DRIVE DAVIE, FL 33314
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Michael Palevo 4-25-2005 954-445-3884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #