

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000084379

1. Entity Name
AMERICAN T.K.A. UNIVERSAL MARTIAL ARTS INC.



Principal Place of Business
**8604 STATE RD 84
FORT LAUDERDALE, FL 33324**

Mailing Address
**8604 STATE RD 84
FORT LAUDERDALE, FL 33324**

FILED
Feb 08, 2007 08:00 AM
Secretary of State



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0947644

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GANDUL, JAVIER G
3731 NW 115 TERRACE
SUNRISE, FL 33323**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GANDUL, JAVIER G
STREET ADDRESS	3731 NW 115 TERRACE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	VS
NAME	SANTIAGO, REBECA
STREET ADDRESS	3731 NW 115 TERRACE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000628345
02/16/07-80011-005 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/07

Date

954-472-2554

Daytime Phone #