

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000084379

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



FILED
Feb 28, 2008 08:00 AM
Secretary of State

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

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



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0947644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000843175
03/11/08 80059-021 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANDUL, JAVIER G 3731 NW 115 TERRACE SUNRISE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANTIAGO, REBECA 3731 NW 115 TERRACE SUNRISE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebeca Santiago *Rebeca Santiago*

02/26/08

954-472-2554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #