

2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 MAY 15 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055878

1. Entity Name
CHUNG WORLD MARTIAL ARTS, INC



Principal Place of Business
8337 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

Mailing Address
8337 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

2. Principal Place of Business - No P.O. Box #
8337 WEST ATLANTIC BLVD

3. Mailing Address
8337 WEST ATLANTIC BLVD

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS

Zip
33071

Country
USA

Zip
FL

Country
USA

05032012 Chg-P CR2E034 (12/11)

4. FEI Number
65-0929854

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

6. Name and Address of Current Registered Agent
CHUNG, C.J.
8337 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name
CHUNG, K.C.
Street Address (P.O. Box Number is Not Acceptable)
8337 WEST ATLANTIC BLVD
City
CORAL SPRINGS FL Zip Code
33071

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 *Kel Chung* DATE 09-May 2012

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNG, C.J. 8337 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUNG, K.C. 8337 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000235134010 05/15/12--01017--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAY 15 2012 S. TONER <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kel Chung* DATE: 09-May 2012 E-MAIL ADDRESS: chungworld@Bellsouth.net

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS