

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V58315**

1. Entity Name

NORTH AMERICAN TANG SOO DO FEDERATION, INC.



Principal Place of Business

C/O WEST BOCA KARATE CENTER, INC.  
11435A PALMETTO PARK RD.  
BOCA RATON FL 33428

Mailing Address

C/O WEST BOCA KARATE CENTER, INC.  
11435A PALMETTO PARK RD.  
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number **65-0355655**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAMONTANO, RON SR.  
7386 WATER DANCE WAY  
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME TRAMONTANO, RONNIE  
STREET ADDRESS 11435 A PALMETTO PARK ROAD  
CITY, ST, ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**U00000253752**  
**03/07/05-80043-016 150.00**

TITLE V ☐ Delete  
NAME TRAMONTANO, LINDA  
STREET ADDRESS 11435-A PALMETTO PARK RD  
CITY, ST, ZIP BOCA RATON FL 33428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
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CITY, ST, ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Linda Tramontano*

Linda Tramontano

3/3/05

561-482-9049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #