

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90018 017 ***158.75

DOCUMENT # P04000083222
 1. Entity Name
 1 STOP SHOP, INC.



Principal Place of Business
 18153 SW 93 AVENUE
 MIAMI FL 33157

Mailing Address
 18153 SW 93 AVENUE
 MIAMI FL 33157



2. Principal Place of Business - No P.O. Box #
 16205 SW 117 Ave.
 Suite, Apt. #, etc.
 Unit 14

3. Mailing Address
 16205 SW. 117 Ave.
 Suite, Apt. #, etc.
 Unit 14

1st MOORE CR2E034 (10/06)

City & State
 Miami, FL.

City & State
 Miami, FL.

Zip Country
 33177 USA

Zip Country
 33177 U.S.A.

4. FEI Number 20-1172677
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MEDINA, CESAR A
 18153 SW 93 AVENUE
 MIAMI FL 33157

7. Name and Address of New Registered Agent
 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 _____ 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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MEDINA, CESAR A	
STREET ADDRESS	18153 SW 93 AVENUE	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, ADRIANA R	
STREET ADDRESS	18153 SW 93 AVENUE	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 IRO empowered.

SIGNATURE: Cesar A. Medina 03-15-07 (305) 238-0804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #