

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01616

**FILED
Apr 04, 2008
Secretary of State**

Entity Name: ONE STOP PROPERTIES, INC.

Current Principal Place of Business:

199 OCEAN LANE DRIVE
UNIT 305
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

199 OCEAN LANE DRIVE
UNIT 305
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 65-0020877 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BATLLE, GRACE G
199 OCEAN LANE DRIVE
UNIT 305
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYDZ, ABRAHAM
Address: 330 RIDGEWOOD
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: DV () Delete
Name: BATLLE, JOSE R
Address: 199 OCEAN LANE DRIVE, UNIT 305
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: S (X) Delete
Name: BATLLE, GRACE G
Address: 199 OCEAN LANE DRIVE, UNIT 305
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BATLLE, JOSE R
Address: 199 OCEAN LANE DR. #305
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: S (X) Change () Addition
Name: BATLLE, GRACE G
Address: 199 OCEAN LANE DRIVE, UNIT 305
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE G. BATLLE

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04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date