


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 702891**  
 1. Entry Name  
**ONE SEVEN TWO HOLDING ASSOCIATION INC**



Principal Place of Business 7910 NW 25TH ST SUITE 200 MIAMI, FL 33122	Mailing Address 7910 NW 25TH ST SUITE 200 MIAMI, FL 33122
--	--

**DO NOT WRITE IN THIS SPACE**



05162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0999024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**5. Name and Address of Current Registered Agent**

CAMPBELL, EDMUND  
 12031 SW 192 TER  
 MIAMI, FL 33177

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

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, WILHELMINA 160 NW 145 ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMPBELL, EDMUND 12031 SW 192 TER MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUTTON, CAROL 60 NE 214 ST MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000368992  
 06/06/05-80001-004 61.25

**DO NOT WRITE IN THIS SPACE**

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 617, 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: *Wilhelmina St. Ford* 5/16/05 305 593-8280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #