


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90030 034 \*\*\*\*70.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # 702891</b><br>1. Entity Name<br><b>ONE SEVEN TWO HOLDING ASSOCIATION INC</b>  |   |   |   |    |  |
| Principal Place of Business<br><b>7910 NW 25TH ST<br/>SUITE 200<br/>MIAMI, FL 33122</b>   |   |   | Mailing Address<br><b>7910 NW 25TH ST<br/>SUITE 200<br/>MIAMI, FL 33122</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   | 4. FEI Number<br><b>59-0999024</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BAKER, KEVIN<br/>6119 SW 27 ST<br/>S-1<br/>MIRAMAR, FL 33023</b>  |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |   |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>FORD, WILHELMINA<br>160 NW 145 ST<br>MIAMI, FL 33168          | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>FORD, WILHELMINA<br>160 NW 145 ST<br>MIAMI, FL 33168          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>BAKER, KEVIN<br>6119 SW 27 ST #S-1<br>MIRAMAR, FL 33023      | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>BAKER, KEVIN<br>7910 NW 25 ST, SUITE 200<br>MIAMI, FL, 33122 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>SUTTON, CAROL<br>60 NE 214 ST<br>MIAMI, FL 33179              | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>SUTTON, CAROL<br>7910 NW 25 ST, SUITE 200<br>MIAMI, FL, 33122 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <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 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. |   |   |   |   |  |
| <b>SIGNATURE: Kevin Baker KEVIN BAKER SEC/TREAS 7.18.08 470.0134</b>  |   |   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |   |  |