2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F66122

Entity Name: ORANGE ONE MANAGEMENT, INC.

FILED Mar 03, 2004 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

20764 WEST DIXIE HIGHWAY
MIAMI, FL 331801146 US
20764 WEST DIXIE HIGHWAY
AVENTURA, FL 331801146 US

Current Mailing Address: New Mailing Address:

20764 WEST DIXIE HIGHWAY
MIAMI, FL 331801146 US
20764 WEST DIXIE HIGHWAY
AVENTURA, FL 331801146 US

FEI Number: 59-2160964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AIN, CLIFFORD B.
20764 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US
AIN, CLIFFORD B.
20764 WEST DIXIE HIGHWAY
AVENTURA, FL 331801146 US

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: 03/03/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSP () Delete Title: DSP (X) Change () Addition

Name: AIN, CLIFFORD B, Name: AIN, CLIFFORD B
Address: 20764 WEST DIXIE HIGHWAY Address: 20764 WEST DIXIE HIGHWAY

Address: 20764 WEST DIXIE HIGHWAY Address: 20764 WEST DIXIE HIGHWAY

City-St-Zip: MIAMI, FL 331801146 City-St-Zip: AVENTURA, FL 331801146 US

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 AIN, THEODORE
 Name:
 AIN, THEODORE

 Address:
 6881 SUN RIVER ROAD
 6881 SUN RIVER ROAD

 City-St-Zip:
 BOYNTON BEACH, FL
 City-St-Zip:
 BOYNTON BEACH, FL 33437 US

Title: () Delete Title: DVP () Change (X) Addition

 Name:
 Name:
 LAX-AIN, STEPHANIE

 Address:
 Address:
 20764 WEST DIXIE HIGHWAY

 City-St-Zip:
 City-St-Zip:
 AVENTURA, FL 331801146

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLIFFORD B. AIN DSP 03/03/2004