2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90197 011 ***150.00

DOCUMENT # M08682

1. Entity Name
ONE-MIL CORPORATION

Principal Place of Business	Mailing Address
C/O CARLOS DE LA RIONDA 2026 S.W. 1 ST. #6 MIAMI, FL 33135	C/O CARLOS DE LA RIONDA 2026 S.W. 1 ST. #6 MIAMI, FL 33135

02202007 Chg-P CR2E034 (12/06)

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 65-0224950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA RIONDA, CARLOS 2026 S.W. 1 ST. #6 MIAMI, FL 33135	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE LA RIONDA, H. 2026 SW 1 STREET #6 MIAMI, FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GONZALEZ, ER 2026 S.W. 1 ST. #6 MIAMI, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/DIRECTOR DE LA RIONDA, CAROLINA 2026 S.W. 1 STREET SUITE #6 MIAMI, FL. 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE LA RIONDA, CARLOS 2026 S.W. 1 ST. #6 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FUENTE, J. 2026 S.W. 1 ST. #6 MIAMI, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/DIRECTOR DE LA RIONDA, CRISTINA 2026 S.W. 1 STREET SUITE #6 MIAMI, FL. 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/DIRECTOR DE LA RIONDA, CARLOS 2026 S.W. 1 STREET SUITE #6 MIAMI, FL. 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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 like empowered.

SIGNATURE: _____ 4/25/2007 305-6425223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #