


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90059 004 \*\*\*\*61.25

<b>DOCUMENT # N93000004090</b>			
1. Entity Name <b>ONE ARM BANDITS, INC.</b>			
Principal Place of Business <b>9470 SW 31 TERR MIAMI FL 33165</b>		Mailing Address <b>9470 SW 31 TERR MIAMI FL 33165</b>	
2. Principal Place of Business <b>2701 SW 82 AVE</b> Suite, Apt. #, etc. <b>MIAMI, FL.</b> City & State <b>33155</b> Zip <b>33155</b> Country <b>USA</b>		3. Mailing Address <b>2701 SW 82 AVE</b> Suite, Apt. #, etc. <b>MIAMI, FL.</b> City & State <b>33155</b> Zip <b>33155</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>ROSARIO, VICTOR 9470 SW 31 TERR MIAMI FL 33165</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Victor Rosario</i> <b>VICTOR ROSARIO</b> DATE: <b>Feb. 2, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PFD ROSARIO, VICTOR 9470 SW 31 TERR MIAMI FL 33165</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PFD ROSARIO, VICTOR 2701 SW 82 AVE MIAMI, FL. 33155</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BEWSEY, PATRICIA M 138-A WEYBRIDGE CIRCLE ROYAL PALM BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BEWSEY, PATRICIA M 586 S.E. MARYDALE TUN PORT ST. LUCIE, FL 34983</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CARRASQUILLO, ROSA 7141 SW 13 TERR MIAMI FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BERDUGO, MR. GUSTAVO 13700 SW 62ND ST. #1112 MIAMI FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPM CORDERO, MARVIN 15211 MENTEITH PLACE MIAMI LAKES FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDS BERNARD, PH.D., BRUCKER S 1617 S.E. 12TH ST. FT. LAUDERDALE FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Victor Rosario* **VICTOR ROSARIO** DATE: **Feb. 8, 04** 305 **266 4256**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #