2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003360

FILED Mar 13, 2006 Secretary of State

Entity Name: ONE COMMUNITY ONE GOAL, INC.

3101 JEFF				New Principal Place of Business:	
MIAMI, FL	FERSON ST . 33133				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3101 JEFF MIAMI, FL	FERSON ST . 33133				
El Number	r: 31-1607514	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Surrent Registered Agent:	Name and Address	of New Registered Agent:	
3101 JEFF MIAMI, FL The above	e named entity s	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
n the Stat	e of Florida.				
SIGNATU		is Oissanting of Demisters of Assa	1	Deta	
	Electron	ic Signature of Registered Age		Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	JACKSON, FRE	G BAY DRIVE #235	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VC () TOURAL, MERC 8500 SW 91 ST MIAMI, FL 331	ī	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	S () VEGNANI, PATI 3101 JEFFERS MIAMI, FL 331	ON ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () FAIR, T. WILLA 8500 NW 25TH MIAMI, FL 331	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () THOMPSON, PA 100 SE 2ND ST MIAMI, FL 331	REET #4000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA F. VEGNANI S 03/13/2006