

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000012678

1. Entity Name
ONE OWNER, INC.



Principal Place of Business
3100 N.W. 2ND AVENUE
MIAMI, FL 33127

Mailing Address
3100 N.W. 2ND AVENUE
MIAMI, FL 33127

FILED
04 FEB 19 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02172004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0996750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, RICARDO L
3131 N.W. 14TH STREET
MIAMI, FL 33125

**DO NOT WRITE
IN THIS SPACE**

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)

300029452743
02/26/04--01022--014 **150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PEREZ, RICARDO L
STREET ADDRESS	3131 N.W. 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	VS
NAME	PEREZ, DEISY
STREET ADDRESS	3131 N.W. 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04

Date

Daytime Phone #