


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000038488		
1. Entity Name ONE STOP REMODELING & BUILDING CORP.		

FILED

04 JUL 28 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 16375 N.E. 18TH AVE. STE. 325 NORTH MIAMI BEACH, FL 33162	Mailing Address 16375 N.E. 18TH AVE. STE. 325 NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business 16375 NE 18th A Suite, Apt. #, etc. 325 City & State NMA FL Zip 33162	3. Mailing Address Same Suite, Apt. #, etc. Same City & State Same Zip Same
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05022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1092720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent New	7. Name and Address of New Registered Agent Name RICK NELSON Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18th AV City NORTH MIAMI BEACH FL Zip Code 33162
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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 <u>Rick Nelson</u> Signature, typed or printed name of registered agent and title if applicable.	<u>Rick Nelson</u> April 30, 2004 (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NELSON, RICK 16375 N.E. 18TH AVE., STE. 325 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Rick Nelson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Rick Nelson</u> 786-488-1377 Date Daytime Phone #