FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State

DOCUMENT # PO/00 1. Entity Name	00 48969		Secretary 05-17-2002 9003	
ONE STOP PRO	CESS SEXI	IERS, INC.		
DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business 8551 NW 153 7ER.	3. Mailing Address			
Sulte, Apt. #, etc.	SAME Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS S	SPACE
City & State MIAMI CAKES, FL.	City & State		4. FEI Number 65-1123466	Applied For Not Applicable
Zip Country MI AMI-DADE	^{Zip} 33018	Country	5. Certificate of Status Desired	\$8.75 Additional
			7. Name and Address of Current Registered	Fee Required
DO NOT W IN THIS SP		Name EV	P.O. Box Number is Not Acceptable)	<u> </u>
and the second s	an authorized and all the second	City MIAN	HI LAKES FL	Zip Code 33078
8. The above named entity submits this statement for	r the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida.	1
SIGNATURE Signature, typed or printed name of registered agent a		Registered Agent signature required		
This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.	January 1 3 M	ay 1 Fee is \$150.00	See	
(See criteria on back)	Amended	1 Fee is \$550.00 I UBR is \$61.25 le to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
(See criteria on back) 11. OFFICERS AND I	Amended	1. Fee is \$550.00 i UBR is \$61.25 le to Department of Stat	Trust Sund Contribution	\$5.00 May Be Added to Fees
(See criteria on back) 11. OFFICERS AND I TITLE PRESIDENT NAME EVGENE H. R	Amender Make Check Payab DIRECTORS	I UBR Is \$61:25 IE to Department of State Title MANE STREET ADDRESS	Trust Sund Contribution	\$5.00 May Be Added to Fees
(See criteria on back) 11. OFFICERS AND I TITLE PRESIDENT NAME EVGENE H. R STREET ADDRESS 8851 NW 153	Amender Make Check Payab DIRECTORS	I UBR Is \$61:25 Le to Department of State THE MANE STREET ADDRESS CITY ST-7P	Trust Sund Contribution	\$5.00 May Be Added to Fees
(See criteria on back) 11. OFFICERS AND I BILE NAME STREET ADDRESS EVGENE H. R CITY-ST-ZIP MI ANI CAKES,	Amender Make Check Payab DIRECTORS	I UBR Is \$61:25 IE to Department of State TITLE MAKE STREET ADDRESS CITY ST 7IP TITLE MAKE STREET ADDRESS STREET ADDRESS	Trust Sund Contribution	\$5.00 May Be Added to Fees
(See criteria on back) 11. OFFICERS AND I TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Amender Make Check Payab DIRECTORS	I UBR Is \$61:25 LE to Department of State IIILE MANE SIREET ADDRESS CITY ST ZP TITLE NAME SREET ADDRESS CITY ST ZP TITLE IIILE IIILE	Trust Sund Contribution	\$5.00 May Be Added to Fees
(See criteria on back) 11. OFFICERS AND E THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Amender Make Check Payab DIRECTORS	ILUBR IS \$61:25 LIE to Department of State TILE MAME STREET ADDRESS CITY ST-7P TITLE NAME STREET ADDRESS CITY ST-7P TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. OFFICERS AND E THLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amender Make Check Payab DIRECTORS	I UBR Is \$61:25 IE to Department of State III.E MANE STREET ADDRESS CITY ST-7IP TITLE NAME STREET ADDRESS CITY ST-7IP TITLE NAME STREET ADDRESS CITY ST-7IP	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. OFFICERS AND E TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Amender Make Check Payab DIRECTORS	ILUBR IS \$61:25 LIE to Department of State TILE MAME STREET ADDRESS CITY ST-7P TITLE NAME STREET ADDRESS CITY ST-7P TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. OFFICERS AND E TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Amender Make Check Payab DIRECTORS	THE IS \$61:25 ILLE TO DEPARTMENT OF STATE THE MAME STREET ADDRESS CITY ST-7P THE MANE STREET ADDRESS CITY ST-7P THE MAME STREET ADDRESS CITY ST-7P THE MAME STREET ADDRESS CITY ST-7P THE MAME STREET ADDRESS CITY ST-7P THE STREET ADDRESS CITY ST-7P THE STREET ADDRESS CITY ST-7P	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. OFFICERS AND E TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE	Amender Make Check Payab DIRECTORS	I UBR IS \$61:25 IE to Department of State THE MANE STREET ADDRESS CITY: ST-7IP THE NAME STREET ADDRESS CITY: ST-7IP THE NAME THE TADDRESS CITY: ST-7IP THE NAME THE TADDRESS CITY: ST-7IP THE NAME	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. OFFICERS AND E TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Amender Make Check Payab DIRECTORS	THE STREET ADDRESS CITY, ST. 78P TITLE MANE STREET ADDRESS CITY ST. 78P TITLE MANE STREET ADDRESS CITY ST. 78P TITLE MANE STREET ADDRESS CITY, ST. 78P TITLE MANE STREET ADDRESS CITY ST. 78P TITLE MANE STREET ADDRESS CITY ST. 78P	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. OFFICERS AND E TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amender Make Check Payab DIRECTORS	TITLE MANE STREET ADDRESS CITY ST- 7P TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. OFFICERS AND E TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Amender Make Check Payab DIRECTORS	LUBR IS \$61:25 LE to Department of State TITLE MAME STREET ADDRESS CITY ST-TIP	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. OFFICERS AND E TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Amender Make Check Payab DIRECTORS	LUBR IS \$61:25 LE to Department of State TITLE MAME STREET ADDRESS CITY ST-TIP	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. OFFICERS AND E TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Amended Nake Check Payab DIRECTORS OQUE TER. FC. 330/8	TILE MAME STREET ADDRESS CITY ST-TIP TITLE MAME STREET ADDRESS CITY ST-TIP	DO NOT WRIT	Added to Fees

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the corporation or the receiver by tripstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02 (305)498-716