

FILED
Apr 30, 2003 8:00 am
Secretary of State

0350329 AV

DOCUMENT # P01000069202 1. Entity Name O.N.E. SECURITIES INC.		Secretary of State 04-30-2003 90135 015 ***150.00																									
Principal Place of Business 6919 WEST BROWARD BLVD. #264 SUNRISE FL 33317		Mailing Address 6919 WEST BROWARD BLVD. #264 SUNRISE FL 33317																									
2. Principal Place of Business 6919 West Broward Blvd. Suite, Apt. #, etc. #264 City & State Plantation, FL Zip 33317 Country USA		3. Mailing Address 6919 West Broward Blvd. Suite, Apt. #, etc. #264 City & State Plantation, FL Zip 33317 Country USA																									
4. FEI Number 65-1123222		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent EDWARDS, OWEN N 621 PENNSYLVANIA AVENUE FORT LAUDERDALE FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-06-03 954-448-2859 Date Daytime Phone #																									