2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000016177

1. Entity Name
ADMINISTRATORS ONE INC.

Principal Place of Business	Mailing Address
301 S.W. 135 AVENUE MIAMI, FL 33184	301 S.W. 135 AVENUE MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE
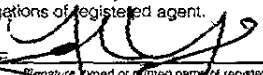
07202004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0656783	Not Applicable

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

6. Name and Address of Current Registered Agent

FUENTES, FRANCISCO I
301 S.W. 135 AVENUE
MIAMI, FL 33184

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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 _____   DATE **7/23/04**

Signature Typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)
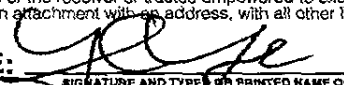
FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$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.

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	FUENTES, FRANCISCO I
STREET ADDRESS	301 S.W. 135 AVENUE
CITY-ST-ZIP	MIAMI, FL 33184

U00000168713
07/29/04-80003-014 150.00

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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: _____ FRANK FUENTES   Date 7/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #