


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000101387**

1. Entity Name  
**SUSANA'S ONE STOP OFFICE SERVICES, INC.**



Principal Place of Business 10425 N.W. 7TH AVENUE MIAMI, FL 33150	Mailing Address 830 N.W. 111 STREET MIAMI, FL 33168
---	---

**DO NOT WRITE IN THIS SPACE**



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3653516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, SUSANA A**  
**10425 N.W. 7TH AVENUE**  
**MIAMI, FL 33150**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2004 Fee will be \$550.00**

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

000000051598  
 02/16/04-80058-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, SUSANA A 10425 N.W. 111 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(f), 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: *Susana Sanchez* **8/1/04 305-758-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #