2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 16, 2004 8:00 am
Secretary of State

04-26-2004 90483 031 ***150.00

DOCUMENT # P03000062124

1. Entity Name
ONE STOP HELP CENTER, INC.

Principal Place of Business	Mailing Address
2221 NE 164TH ST. N. MIAMI BCH, FL 33160	2221 NE 164TH ST. N. MIAMI BCH, FL 33160

66430016

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0841428 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LICHTER, DAPHNE 2221 NE 164TH ST. N. MIAMI BCH, FL 33160	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 _____ 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAPHNE LICHTER 2221 NE 164 ST NMB FL 33160 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Daphne Lichter DAPHNE LICHTER APR 22-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

786 457 8158

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DAPHNE PEER LICHTER
725 NE 195 ST.
MIAMI, FL 33179

63-8413/2670
0671266304

DATE April 21-2004

PAY TO THE ORDER OF Division of Corporations $150 XX/100

One hundred and fifty — DOLLARS

Washington Mutual

Washington Mutual Bank, FA
Biscayne Financial Center 1747
15235 Biscayne Blvd
North Miami Beach, FL 33160
1 800-788-7000
24 hour Customer Service

NOTES ONE STOP HELP CENTER. Daphne Lichter

⑆267084131⑆ 0671266304⑈ 0152