## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P03000157420 04-16-2004 90075 001 \*\*\*150.00 ONE STOP CONSULTANCY, INC. Principal Place of Business Mailing Address **0400800**8 231-C RIVERSIDE DR. 231-C RIVERSIDE DR. HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 2. Principal Place of Business 3. Mailing Address P.O. Box III Suite, Apt. #, etc. 02122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Holly Hill 20-0547686 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired V5 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, HELEN Street Address (P.O. Box Number is Not Acceptable) 231-C RIVERSIDE DR. HOLLY HILL, FL 32117 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Nadwani Rajiv P. TITLE TITLE ☑ Change BROWN, HELEN NAME NAME BOX P.O. 111 STREET ADDRESS 231-C RIVERSIDE DR. STREET ADDRESS Holly Hill, Fl. 32117 CITY-ST-ZIP HOLLY HILL, FL 32117 CITY-ST-7IP Addition TITLE ☐ Delete TITLE D Sodhi, Tejinder Deep Singh 4488 Reilly Dr. NAME NAME STREET ADDRESS STREET ADDRESS Troy, Mi. 48085-4920 CITY-ST-7IP CITY-ST-ZIP SITBrown Helen. 231-C Riverside Dr. Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Holly Hill, Fl. 32117 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

03-18-04 386-673-9121