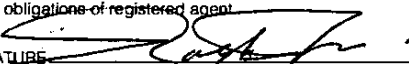
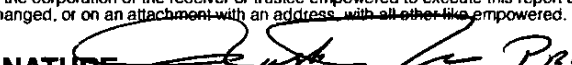


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90186 034 ***150.00

DOCUMENT # P04000052785 1. Entity Name 1 STOP, INCORPORATED					
Principal Place of Business 6490 US 1 HWY ROCKLEDGE, FL 32955				Mailing Address 8404 CANAVERAL BLVD CAPE CANAVERAL, FL 32920	
2. Principal Place of Business 6490 US 1 HIGHWAY		3. Mailing Address 8404 CANAVERAL BLVD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ROCKLEDGE FL.		City & State CAPE CANAVERAL.			
Zip 32955	Country FLORIDA	Zip 32920	Country FLORIDA		
4. FEI Number 20-0927489				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMENTA, MIRTHA 8404 CANAVERAL BLVD CAPE CANAVERAL, FL 32920			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  Signature, typed or printed name of registered agent and title if applicable Pres Mirtha Pupo (NOTE: Registered Agent signature required when reinstating) 2/21/05 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PRESIDENT. Ralph Pupo. 8404 CANAVERAL BLVD. CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TREASURER. MIRTHA PUPO. 8404 CANAVERAL BLVD. CAPE CANAVERAL, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ 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	
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/21/05 Date		
321-258 3020 Daytime Phone #					