

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

105

DOCUMENT # P24000058041 1. Entity Name <i>1 1/2 Hour Corp.</i>						FILED 05 JUN 24 PM 2:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <i>7848 NW 188 Ln Miami, FL 33015</i>				Mailing Address <i>7848 NW 188 Ln. Miami, FL 33015</i>			
2. Principal Place of Business <i>7848 NW 188 Ln.</i>				3. Mailing Address <i>7848 NW 188 Ln.</i>			
Suite, Apt. #, etc. _____				Suite, Apt. #, etc. _____			
City & State <i>Miami, FL</i>				City & State <i>Miami, FL</i>			
Zip <i>33015</i>		Country <i>Dade</i>		Zip <i>33015</i>		Country <i>Dade</i>	
4. FEI Number <i>56-2450949</i>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <i>Lisette Cueto 7848 NW 188 Ln. Miami, FL 33015</i>				7. Name and Address of New Registered Agent Name <i>Lisette Cueto</i> Street Address (P.O. Box Number is Not Acceptable) <i>7848 NW 188 Ln.</i> <i>Miami</i> City <i>FL</i> Zip Code <i>33015</i>			
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 <i>Lisette Cueto</i> DATE <i>6-15-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <i>P</i> NAME <i>Lisette Cueto</i> <input type="checkbox"/> Delete STREET ADDRESS <i>7848 NW 188 Ln., Miami, FL</i>				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME <i>900056610969</i> STREET ADDRESS <i>06/28/05--01037--004 **150.00</i>			
CITY-ST-ZIP _____				CITY-ST-ZIP _____			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 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.							
SIGNATURE: <i>Lisette Cueto</i>				Date <i>6-15-05</i> Daytime Phone # _____			