


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90106 001 ***150.00
04-02-2007 90106 002 *****8.75

DOCUMENT # P04000125303	
1. Entity Name ONE 2 ONE SPORTS & ACTIVITIES CORP.	

Principal Place of Business 3180 NW 92ND STREET MIAMI FL 33147	Mailing Address 3180 NW 92ND STREET MIAMI FL 33147
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2. Principal Place of Business - No P.O. Box # 340 West 64 street	3. Mailing Address 340 West 64 street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah, Fla	City & State FL Hialeah
Zip 33012	Country Dade
Zip 33012	Country Dade

1st MOORE CR2E034 (10/06)



4. FEI Number 55-0881066	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELAEZ, OFELIA 3180 NW 92ND STREET MIAMI FL 33147	
7. Name and Address of New Registered Agent Name: OFELIA PELAEZ Street Address (P.O. Box Number is Not Acceptable) 340 West 64 street City: Hialeah FL Zip Code: 33012	

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: (OFELIA PELAEZ) (OFELIA PELAEZ) DATE: MARCH 22/2007

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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PELAEZ, OFELIA STREET ADDRESS 3180 NW 92ND STREET CITY - ST - ZIP MIAMI FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: (OFELIA PELAEZ) MARCH 22/2007 305 298 3892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR On Daytime Phone #