2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007768

Title:

Name:

Address:

City-St-Zip:

Entity Name: ONSPOT INTERNATIONAL, INC.

() Delete

AGUIRRE-PADILLA, RICARDO

1695 WINTERBERRY LANE

WESTON, FL 33327

FILED Apr 30, 2009 Secretary of State

Littly Name: ONOFOT INTERNATIONAL, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
WESTLAND MALL 1665 W, 49TH STREET HIALEAH, FL 33012				1695 WINTERBERRY LANE WESTON, FL 33327		
Current Mailing Address:				New Mailing Address:		
C/O ELSA 11904 MIR MIRAMAR,	AMAR PARKV	VAY		C/O ELSA C. RIOS 17913 NW 7TH STRE PEMBROKE PINES, F		
FEI Number:	20-2174387	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
RIOS, ELSA C 11904 MIRAMAR PARKWAY MIRAMAR, FL 33325 US				RIOS, ELSA C 17913 NW 7TH STREET SUITE 103 PEMBROKE PINES, FL 33029 US		
The above in the State		ubmits this statement for the p	ourpose o	of changing its registere	ed office or registered agent, or both,	
SIGNATURE: ELSA RIOS				04/30/2009		
	Electron	c Signature of Registered Age	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD () AGUIRRE, RICA 1695 WINTERB WESTON, FL 3	ERRY LANE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () PADILLA, INGRI 1695 WINTERB WESTON, FL 3	ERRY LANE		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICARDO AGUIRRE PTD 04/30/2009

() Change () Addition