


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000039226</b> 1. Entity Name FLORIDA ONE HOLDINGS, INC.	
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Principal Place of Business 28 INDIAN CREEK ISLAND RD INDIAN CREEK VILLAGE, FL 33154	Mailing Address 28 INDIAN CREEK ISLAND RD INDIAN CREEK VILLAGE, FL 33154
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07032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0832445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HOLTZ, JAVIER 28 INDIAN CREEK ISLAND RD INDIAN CREEK VILLAGE, FL 33154
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC HOLTZ, JAVIER 28 INDIAN CREEK ISLAND RD INDIAN CREEK VILLAGE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHAPLIN, WAYNE 1600 NW 163RD ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBINS, SCOTT 230 FIFTH ST MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TATE, JAMES 1175 NE 125TH ST., SUITE 102 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/10/07-80030-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **JAVIER HOLTZ** **7/3/07** **305-866-8948**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #