



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2007 90048 048 ***150.00

DOCUMENT # P05000046535 1. Entity Name ONE 2 ONE ULTIMATE ALLSTARS, INC.					
Principal Place of Business 682 AMERICANS BLVD PALM BAY, FL 32907			Mailing Address 682 AMERICANS BLVD PALM BAY, FL 32907		
2. Principal Place of Business - No P.O. Box # 5097 Industry Drive Suite, Apt. #, etc. Suite A City & State Melbourne, FL Zip 32940		3. Mailing Address 355 Sherwood Ave Suite, Apt. #, etc. Satellite Beach, FL City & State Satellite Beach, FL Zip 32937			
Country Broward		Country Broward		4. FEI Number 01-0827476	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSADO, TRINA 682 AMERICAN BLVD NE PALM BAY, FL 32907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: 4/17/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME DAY, STEPHANIE STREET ADDRESS 545 ROSEWOOD COURT - APT A CITY - ST - ZIP INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE S NAME Day, Stephanie STREET ADDRESS 545 Rosewood Ct - Apt A CITY - ST - ZIP Indian Harbour Beach	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME ROSADO, TRINA M STREET ADDRESS 682 AMERICAN BLVD NE CITY - ST - ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE P, T NAME Rosado, Trina M STREET ADDRESS 682 American Blvd NE CITY - ST - ZIP Palm Bay, FL 32907	<input checked="" 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 355 Sherwood Ave Satellite Beach, FL 32937	<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	
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 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:			4/17/07 <small>Date</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					