


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90178 045 \*\*\*150.00

DOCUMENT # P05000122843					
<b>1. Entity Name</b> ONE FORCE SERVICES INC.					
<b>Principal Place of Business</b> 1150 N.W. 80TH AVE. APT. 204 MARGATE, FL 33063			<b>Mailing Address</b> 1150 N.W. 80TH AVE. APT. 204 MARGATE, FL 33063		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-3474480 <span style="float: right;">Applied For Not Applicable</span>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				01102006 Chg-P CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
QUINONEZ, JOHANNA P 1150 N.W. 80TH AVE. APT. 204 MARGATE, FL 33063			Name <u>Jaime D. Mena</u> Street Address (P.O. Box Number is Not Acceptable) <u>1150 NW 80th Ave #204</u> City <u>Margate</u> <u>FL</u> Zip Code <u>33063</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <u>PD</u>			DATE <u>4/25/06</u>		
Signature, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINONEZ, JOHANNA P 1150 N.W. 80TH AVE., APT. 204 MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mena, Jaime D. 1150 NW 80th Ave #204 Margate, FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENA, JAIME D 1150 N.W. 80TH AVE., APT. 204 MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date <u>4/25/06</u> (954)263-2732		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		