
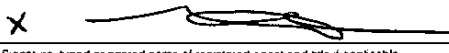



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90175 007 ***150.00

DOCUMENT # P05000131293					
1. Entity Name ONESTOP HEALTHCARE CENTER CORP					
Principal Place of Business 11016 SW 137 PLACE MIAMI, FL 33186			Mailing Address 11016 SW 137 PLACE MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VALDES, LOURDES 11016 SW 137 PLACE MIAMI, FL 33186				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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:  X					
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 After May 1, 2006 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	P			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, LOURDES	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	11016 SW 137 PLACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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:  X				04/17/2006 786-2698336	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40054194



04172006 Chg-P CR2E034 (11/05)

4. FEI Number **20-351745** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL

04/17/2006

786-2698336