

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000127577

1. Entity Name
ONE STOP FINISHING INC.



Principal Place of Business

4201 S.W. 54 COURT
#2
DANIA BEACH, FL 33314 US

Mailing Address

4201 S.W. 54 COURT
#2
DANIA BEACH, FL 33314 US

2. Principal Place of Business - No P.O. Box #

4528 Van Buren St

Suite, Apt. #, etc.

3. Mailing Address

4528 Van Buren St

Suite, Apt. #, etc.

City & State

Hollywood FL

33021

Broward

City & State

Hollywood FL

33021

Broward

6. Name and Address of Current Registered Agent

SOLOMON, JENNIFER N
4201 S.W. 54 COURT
#2
DANIA BEACH, FL 33314

4. FEI Number
20-5662364

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name Jennifer N Solomon

Street Address (P.O. Box Number is Not Acceptable)

4528 van Buren St

City

Hollywood

FL 33021

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

Jennifer Solomon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, JENNIFER N 4201 SW 54 CT #2 DANIA BEACH, FL 33314	<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	P DOYEN, ADDAM B 4201 SW 54 CT#2 DANIA, FL 33314	<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	VP BONIVILLE, ROBERT A 4201 SW 54 CT #2 DANIA, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Jennifer Solomon 3/1/08 (954)986-8639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #