


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90073 012 ***150.00

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		3. Mailing Address 4528 Van Buren St	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33021		Zip 33021	
Country Broward		Country Broward	
4. FEI Number 20-5662364		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLOMON, JENNIFER N 4201 S.W. 54 COURT #2 DANIA BEACH, FL 33314		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 N Solomon DATE 3/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 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 BONVILLE, 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
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
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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 N Solomon		Date 3/7/08 Daytime Phone # (954) 986-8639	