## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 27, 2008 8:00 am Secretary of State 03-27-2008 90039 010 \*\*\*150.00

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2. Principal Pace of Business - No P.D. Box # 3. Mailing Address  Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   A. FENNYTON BOSS   Applied for Appli	1. Entity Nam	MENT # P07000028 ONE, CORP.	3632				03-27-2008	3 90039 010 ***	150.00	
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Name	Zip	Country	Zìp	Coun	try			\$8.75 A		
Street Address (P.O. Box Number is Not Acceptable)	-	6. Name and Address of Curren	Registered Agent			7. Name and	Address of New F	Registered Agent		
Sirrest Address (P.O. Box Number is Not Acceptable)			-		Name					
City FL Zip Code  8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    NOTE   Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the familiar with and accept the purpose of the familiar with and accept the purpos	11865 SW	26 ST., C-27			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or princit name of registered agent and title 4 acceptance.  PILLE NOWILLI FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Elgotion Comparign Financing.  Triust Fund Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  INTE. P. OLIVERA, TAIMY 11865 SW 26 ST., C-27  MIAMI, FL 33175  ITILE MAME  STREET ADDRESS  CITY-ST-2P  ITILE MAME  STREET ADDRESS  CITY-ST-2P  ITILE MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Delete ITILE  MAME  STREET ADDRESS  CITY-ST-2P  Change Addition  MAGE  STREET ADDRESS  CITY-ST-2P  Change Addition  MAGE  STREET ADDRESS  STRE	MIAMI, FL	33175	€.							
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NOTE Registered Agent signature (NOTE Registered Agent signature recursion where interestating)   OATE	the obligat	ions of registered agent.								
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther certify that the information	CITY-ST-ZIP	<u></u>				<del></del>				

I hereby certify that the information supplied with this filling 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(308)207-5990