

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 03, 2008
Secretary of State

DOCUMENT# P07000124412

Entity Name: V.M. ONE CORPORATION

Current Principal Place of Business:

4107 CORSAIR AVENUE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

1431 DORADO DRIVE
A
KISSIMMEE, FL 34741 US

Current Mailing Address:

P.O. BOX 452054
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 74-3242007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVARES, VICTOR M
4107 CORSAIR AVE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

OLIVARES, VICTOR M
1431 DORADO DRIVE
A
KISSIMMEE, FL 34741 US

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.

SIGNATURE: VICTOR M. OLIVARES 10/03/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVARES, VICTOR M
Address: 4107 CORSAIR AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: DROZ, EDNA
Address: 4107 CORSAIR AVE
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLIVARES, VICTOR M
Address: 1431 DORADO DRIVE #A
City-St-Zip: KISSIMMEE, FL 34741

Title: S (X) Change () Addition
Name: DROZ, EDNA
Address: 1431 DORADO DRIVE #A
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR M. OLIVARES P 10/03/2008

Electronic Signature of Signing Officer or Director Date