


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90028 001 ***150.00

DOCUMENT # P94000002289	
1. Entity Name ADVANTAGE ONE CORPORATION	

Principal Place of Business 6619 S DIXIE HWY 307 MIAMI, FL 33143 US	Mailing Address SUITE 330 9990 SW 77 AVE MIAMI, FL 33156 US
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60024500

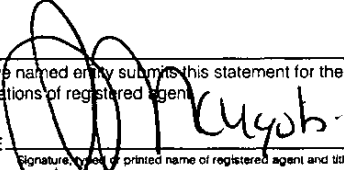


2. Principal Place of Business - No P.O. Box #	3. Mailing Address 6619 S. Dixie Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 307
City & State	City & State Miami, FL
Zip	Zip 33143
Country	Country US

04032008 Chg-P CR2E034 (12/06)

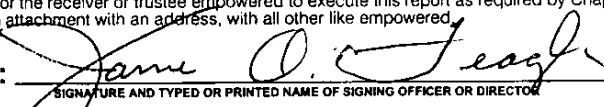
4. FEI Number 65-0483703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARGOLIS, JOHN A ESQ SUITE 330, 9990 SW 77TH AVENUE MIAMI, FL 33156-2699	7. Name and Address of New Registered Agent Name Jennifer A. Margolis, Esq. Street Address (P.O. Box Number is Not Acceptable) 1533 Sunset Drive, Ste. 225 City Coral Gables FL Zip Code 33143
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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  DATE 4/14/08
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FEAGLER, JAMIE STE 330 9990 SW 77 AV MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FEAGLER, JAMIE 6619 S. Dixie Hwy, #307 Miami, FL 33143 <input checked="" 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
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
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
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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/8/08 Daytime Phone # 305-595-4992