

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90466 028 \*\*\*158.75

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<b>DOCUMENT # P95000024800</b> 1. Entity Name <b>ONIPSE, INC.</b>			
Principal Place of Business <b>12165 SE 123 PASSAGE MIAMI, FL 33186 US</b>		Mailing Address <b>12165 SE 123 PASSAGE MIAMI, FL 33186 US</b>	
2. Principal Place of Business <b>12061 SW. 126 TERRACE</b>		3. Mailing Address <b>12061 SW. 126 TERRACE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33186</b>		Zip <b>33186</b>	
Country <b>DADE</b>		Country <b>DADE</b>	
4. FEI Number <b>65-0571741</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ESPINO, MERCEDES B 12165 SE 123 PASSAGE MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name <b>ESPINO, MERCEDES B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12061 SW. 126 TERRACE.</b> City <b>MIAMI</b> FL <b>33186</b>	
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 <u><b>MERCEDES B. ESPINO.</b></u> <i>Mercedes B. Espino</i> <b>4/25/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ESPINO, JORGE C 12165 SE 123 PASSAGE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ESPINO, JORGE C. 12061 SW. 126 TERRACE MIAMI, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESPINO, MERCEDES B 12165 SE 123 PASSAGE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESPINO, MERCEDES B. 12061 SW. 126 TERRACE MIAMI, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERRIOS, LUIS P 12165 SE 123 PASSAGE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERRIOS, LUIS P. 12061 SW. 126 TERRACE MIAMI, FL 33186 <input checked="" 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: <u><i>Jorge Espino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/25/06</b> <b>(305) 776-7184</b> <small>Date Daytime Phone #</small>	