## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000021837

**Entity Name:** ONE FLAT RATE.COM, INC.

FILED Feb 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

621 N.E. 52ND TERRACE 4025 NE 2ND AVE MIAMI, FL 33137 SUITE 100

MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

621 N.E. 52ND TERRACE 4025 NE 2ND AVE MIAMI, FL 33137 SUITE 100 MIAMI, FL 33137

FEI Number: 65-0817954 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARA, CHARIFF
621 NE 52ND TERRACE
MIAMI, FL 33137 US

CLARA, CHARIFF
4025 NE 2ND AVE
SUITE 100
MIAMI, FL 33137 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: CLARA CHARIFF 02/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 CHARIFF, LYLE
 Name:
 CHARIFF, LYLE

 Address:
 621 N.E. 52ND TERRACE
 Address:
 4025 NE 2ND AVE

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:
 MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYLE CHARIFF PD 02/13/2005